

## Health examinations and health care

F1 **1. How many times per year do you visit a doctor?**  
 0       1-3       3-5       more than 5

F2\_1 **2. Have you ever been to a mammography examination?**  
 Yes (continue to question 2a)       No (continue to question 3)

F2\_2 a) How many times have you been to a mammography screening?

F2\_3 b) What year was the last time you had your last mammography screening? (e.g. 1995)

F2\_4 c) Which health care centre/hospital did you go to?

F3\_1 **3. Have you ever had surgery for a benign lump or cyst of the breast?**  
 Yes (continue to question 3a)       No (continue to question 4 "Sleep");

F3\_2 a) What year did you have surgery for the benign lump or cyst of the breast? (e.g. 1995)

F3\_3 b) Which health care centre/hospital did you go to?

## Sleep

**4. The following questions concern your sleep in the past 12 months:**

Have you...	Never	Seldom	Sometimes	Most of the time	Always
F4_1 ...found it difficult to fall sleep	<input type="checkbox"/>				
F4_2 ...woken up and found it difficult to go back to sleep	<input type="checkbox"/>				
F4_3 ...been snoring loudly	<input type="checkbox"/>				
F4_4 ...had a troubled sleep	<input type="checkbox"/>				
F4_5 ...had nightmares	<input type="checkbox"/>				
F4_6 ...found it difficult to wake up	<input type="checkbox"/>				
F4_7 ...not felt rested when you woke up	<input type="checkbox"/>				
F4_8 ...awoken too early	<input type="checkbox"/>				
F4_9 ...been sleepy during the day	<input type="checkbox"/>				
F4_10 ...fallen asleep during the day (dozed off)	<input type="checkbox"/>				
F4_11 ...taken a nap during the day	<input type="checkbox"/>				

F5 **5. What working hours do you have?**

- Day time
- Day time + emergency duty
- Mostly evenings/nights
- Two-shift
- Three-shift-five-shift
- Do not work

F6 **6. To what extent do you consider yourself a morning person or an evening person?**

- Decidedly a morning person (awake in the morning and sleepy at night)
- To some extent morning person
- Decided evening person (tired in the morning and awake at night)
- To some extent evening person

F7 **7. How do you usually sleep?**

- Well

- Rather well
- Neither well nor badly
- Pretty badly
- Badly

**8. How many hours, approximately, per 24 hours ...**

		Less than 5	5	6	7	8	9 or more
F8_1	- do you feel that you need to sleep?	<input type="checkbox"/>					
F8_2	.- do you usually sleep during a weekday ?	<input type="checkbox"/>					
F8_3	- do you usually sleep on the weekend?	<input type="checkbox"/>					

**Questions about smoking**

The questions about smoking relate to all kinds of tobacco, that is cigarettes, cigars, pipes etc.

**9. Have you ever been a regular smoker?**

- F9\_1  No, I've never smoked regularly (continue to question 12 "Questions about alcohol")  
 Yes, I started smoking when I was (state age): (continue to question 10) F9\_2

**10. Do you still smoke?**

- F10\_1  Yes  
 No, I quit smoking when I was (state age): F10\_2

**11. State how many cigarettes (cigars, pipes etc) you used to smoke per day during different time periods.**

		1-4	5-9	10-14	15-19	20-24	More than 24
F11_1	1991-94	<input type="checkbox"/>					
F11_2	1995-98	<input type="checkbox"/>					
F11_3	1999-nu	<input type="checkbox"/>					

**Questions about alcohol**

F12 **12. Do you ever drink alcohol (that is wine, spirits or beer)?**

- Yes (continue to question 13)  No (continue to question 16 "Attitudes and emotions")

**13. How often on average do you usually drink the following kinds of alcohol?**

State 0 times/month for the types of alcohol that you never drink.

		0 times/month	1-3 times/month	1-2 times/week	3-4 times/week	5-6 times/week	1 time/day	2 times/day	3+ times/day
F13_1	Low alcohol beer	<input type="checkbox"/>							
F13_2	Beer	<input type="checkbox"/>							
F13_3	White wine	<input type="checkbox"/>							

F13\_4 Red wine

F13\_5 Dessert wine

F13\_6 Spirits

**14. How much do you usually drink on one occasion?**

F14\_1

<b>Low alcohol beer</b>
<input type="checkbox"/> Don't drink
<input type="checkbox"/> One bottle/can or less
<input type="checkbox"/> One bottle/can or less
<input type="checkbox"/> 2-4 bottles/cans
<input type="checkbox"/> 2-4 bottles/cans
<input type="checkbox"/> 5-8 bottles/cans
<input type="checkbox"/> 5-8 bottles/cans
<input type="checkbox"/> 9 bottles/cans or more
<input type="checkbox"/> 9 bottles/cans or more

F14\_2

<b>Beer</b>
<input type="checkbox"/> Don't drink
<input type="checkbox"/> One bottle/can or less
<input type="checkbox"/> One bottle/can or less
<input type="checkbox"/> 2-4 bottles/cans
<input type="checkbox"/> 2-4 bottles/cans
<input type="checkbox"/> 5-8 bottles/cans
<input type="checkbox"/> 5-8 bottles/cans
<input type="checkbox"/> 9 bottles/cans or more
<input type="checkbox"/> 9 bottles/cans or more

F14\_3

<b>Wine</b> 1 glass = 1 dl
<input type="checkbox"/> Don't drink
<input type="checkbox"/> One glass or less
<input type="checkbox"/> 2-3 glasses
<input type="checkbox"/> 1/2-1 bottle
<input type="checkbox"/> More than 1 bottle

F14\_4

<b>Dessert wine</b> 1 glass = 4cl, 1 bottle = 75 cl
<input type="checkbox"/> Don't drink
<input type="checkbox"/> One glass or less
<input type="checkbox"/> 2-3 glasses
<input type="checkbox"/> 1/2-1 bottle
<input type="checkbox"/> More than 1 bottle

F14\_5

<b>Spirits</b> 1 glass = 4cl, 1 bottle = 75 cl
<input type="checkbox"/> Don't drink
<input type="checkbox"/> 6 cl or less
<input type="checkbox"/> 7-12 cl
<input type="checkbox"/> 13-18 cl
<input type="checkbox"/> 19-37 cl
<input type="checkbox"/> More than 37 cl

F15 **15. When you drink alcohol, is it in connection with a meal?**  
 Never     Seldom     Sometimes     Usually     Always

## Attitudes and feelings

F16\_1 **16. Have you ever felt sad, down or depressed two weeks or longer in a row?**

- Yes (continue to question 16a)  
 No (continue to question 17)

a) How long did this feeling of sadness, being down or depressed usually last during that period?

F16\_2  All day     Most of the day     About half the day     Less than half the day

F16\_3 b) During that period, did you feel like that:

- Every day  
 Almost every day  
 Less often

F16\_4 c) How old were you the first time you experienced a period of at least two weeks in a row when you felt sad, down or depressed? State your age: \_\_\_\_\_

**17. Has there ever been a time period which has lasted two weeks or more, when you've lost all interest in most things in life, such as work, hobbies or some other occupation you usually enjoy?**

F17\_1  Yes (continue to question 17a)     No (continue to question 18)

a) How long did this feeling of lost interest last during this period?

F17\_2  All day     Most of the day     About half the day     Less than half the day

b) During that period, did you feel like that:

F17\_3  Every day  
 Almost every day  
 Less often

c) Did you feel tired constantly and without any energy?

F17\_4  Yes  
 No

d) During this period, did your weight change even though you didn't try to make it change?

- F17\_5  Kept my weight  
 Lost weight *Approximately how much did you lose? (State in kilograms)*           F17\_9\_11            
 Gained weight *Approximately how much did you gain? (State in kilograms)*           F17\_7\_12            
 Both gained and lost weight *Approximately how much did you gain or lose (state in kilograms)* \_\_\_\_\_

e) During this period, did you find it more difficult to fall asleep than usual?

F17\_13  Yes     No (continue to question g)

f) How often did you find it difficult to fall asleep during this period?

F17\_14  Every night     Almost every night     Less often

g) Did you find it more difficult than usual to concentrate?

F17\_15  Yes

No

F17\_16 h) Sometimes people look down on themselves feel bad or useless. Did you feel that way?

Yes

No

F17\_17 i) Did you think a lot about death, either your own or somebody else's or death in general?

Yes

No

F17\_18 j) How old were you the first time you experienced a period of at least two weeks, when you've lost all interest in most things in life (and had problems with tiredness, keeping your weight, sleeping, concentration, self-confidence, thoughts about death)?

State your age: \_\_\_\_\_

F17\_19 k) How many times have you felt this way during your lifetime?

1    2    3    4    5    6 times or more

F17\_20 l) How old were you the last period when you felt like this? State your age: \_\_\_\_\_

F18 **18. Have you ever experienced a time period which has lasted a month or longer when you felt worried and anxious most of the time?**

Yes (continue to question 19)

No (continue to question 22)

F19\_1 **19. Are you still experiencing this or has the period stopped?**

Still feel that way       It has stopped

a) How long did/does it last, counted in months or years?

F19\_2  Months:   F19\_3  

F19\_4  Years:   F19\_6  

F19\_5  All my life

F19\_7 b) Do you or did you worry about things that probably won't or can't happen?

Yes

No

F19\_8 c) Do you or did you worry about things that aren't or weren't especially important?

Yes

No

F20 **20. Have you then been preoccupied by different kinds of trouble at the same time?**

**21. When you are or were worried and anxious: (Mark as many options as you like)**

F21\_1  Are/were you also restless?

F21\_2  Are/were you also wound up and on edge?

F21\_3  Are/were you also very easily irritated?

F21\_4  Do you/did you also get palpitations of the heart?

F21\_5  Do/did you easily get tired?

F21\_6  Do/did you also have problems falling asleep or wake up again once you'd fallen asleep

F21\_7  Do/did you feel lethargic, ready to faint or unreal?

F21\_8  Do/did your muscles feel tense, sore or aching?

**22. The following questions aim to measure different feelings and experiences that most people have during their life time. Answer as honestly as possible. There are no right or wrong answers.**

		Never	Sometimes	Often	Nearly always
F22_1	Do you ever feel as if other people make remarks aimed at you and that they say things that may be ambiguous?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F22_2	Do you ever feel that what is written in the papers or is said on TV may be aimed especially at you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F22_3	Do you ever feel that other people aren't who they say they are?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F22_4	Do you ever feel that you are stalked in some way?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F22_5	Do you ever feel that there is a conspiracy against you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F22_6	Do you ever feel that you are meant to be somebody really important?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F22_7	Do you ever feel that you are a very special or rare person?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F22_8	Do you ever think that people can communicate by telepathy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F22_9	Do you ever feel that electric devices can influence your thinking?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F22_10	Do you believe in witchcraft, voodoo or occult phenomena?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F22_11	Do you ever feel that people are looking strangely at you because of your appearance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F22_12	Do you ever feel that your thoughts are taken from your head?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F22_13	Do you ever feel that the thoughts in your head aren't your own?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F22_14	Have your thoughts ever been so intense that you've been worried that other people may hear them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F22_15	Do you ever hear your own thoughts bounce back at you like an echo?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F22_16	Do you ever feel that you are controlled by some power or thing outside of yourself?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F22_17	Do you ever hear voices when you're alone?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F22_18	Do you ever hear voices speaking to each other when you're alone?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F22_19	Do you ever feel like a double has taken the place of a family member, friend or	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	acquaintance?				
F22_20	Do you ever see objects, people or animals that others can't see?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Health

### 23. Have you ever been diagnosed by a doctor with:

- |        |   |                             |                               |                                    |
|--------|---|-----------------------------|-------------------------------|------------------------------------|
| F23_1  | Coeliac, glucose intolerance                    | <input type="checkbox"/> No | <input type="checkbox"/> Yes, | I was then <u>F23_2</u> years old  |
| F23_3  | Asthma  | <input type="checkbox"/> No | <input type="checkbox"/> Yes, | I was then <u>F23_4</u> years old  |
| F23_5  | Hay fever                                       | <input type="checkbox"/> No | <input type="checkbox"/> Yes, | I was then <u>F23_6</u> years old  |
| F23_7  | Psoriasis                                       | <input type="checkbox"/> No | <input type="checkbox"/> Yes, | I was then <u>F23_8</u> years old  |
| F23_9  | Ulcerous colitis                                | <input type="checkbox"/> No | <input type="checkbox"/> Yes, | I was then <u>F23_10</u> years old |
| F23_11 | Crohn's disease                                 | <input type="checkbox"/> No | <input type="checkbox"/> Yes, | I was then <u>F23_12</u> years old |
| F23_13 | PCO (poly-cystic ovarian syndrome)              | <input type="checkbox"/> No | <input type="checkbox"/> Yes, | I was then <u>F23_14</u> years old |
| F23_15 | Allergy to nickel                               | <input type="checkbox"/> No | <input type="checkbox"/> Yes, | I was then <u>F23_16</u> years old |
| F23_17 | Borelia infection                               | <input type="checkbox"/> No | <input type="checkbox"/> Yes, | I was then <u>F23_18</u> years old |
| F23_19 | Angina pectoris                                 | <input type="checkbox"/> No | <input type="checkbox"/> Yes, | I was then <u>F23_20</u> years old |
| F23_21 | Heart infarction                                | <input type="checkbox"/> No | <input type="checkbox"/> Yes, | I was then <u>F23_22</u> years old |
| F23_23 | A broken wrist in adult age                     | <input type="checkbox"/> No | <input type="checkbox"/> Yes, | I was then <u>F23_24</u> years old |
| F23_25 | Hypertension                                    | <input type="checkbox"/> No | <input type="checkbox"/> Yes, | I was then <u>F23_26</u> years old |
| F23_27 | Increased levels of cholesterol or triglyceride | <input type="checkbox"/> No | <input type="checkbox"/> Yes, | I was then <u>F23_28</u> years old |

### 24. Have/have you ever had...

- acne after your teenage years, that is more than a few single ones? <sup>F24\_1</sup>  No  Yes
- a lot of hair on parts of the body where most women do not have so much, e.g.  No  Yes
- on the upper lip, chin, stomach or thighs? <sup>F24\_2</sup>
- common warts on the fingers or toes since you became an adult? <sup>F24\_3</sup>  No  Yes
- Herpes infection of the mouth, that is, sores on the lips or in the corners of the mouth? <sup>F24\_4</sup>  No  Yes

F25 **25. How many times per year do you usually get a bad cold or flue (so that you have to stay home from work or give up other daily activities)? The question refers to the last five years**

- 0  1  2-3  4-5  More than 5 times

F26 **26. How many times in your life have you been treated with antibiotics/penicillin?**

- 0  1-2  3-10  More than 10 times

## Questions about chronic arthritis

- F27\_1 **27. Have you been diagnosed by a doctor with rheumatoid arthritis, that is chronic arthritis?**  
 Yes (continue to question 27a)     No (Continue to question 28 "Questions about diabetes)
- a) How old were you then? (State your age)     F27\_2      
b) At what hospital/health care place were you diagnosed?     F27\_3      
c) Are you checked regularly by a doctor for your arthritis, in that case where?     F27\_4      
 Yes. Place:     F27\_5      
 No  
d) Are you presently on medication for your chronic arthritis?     F27\_6      
 Yes. State medication:     F27\_7      
 No

## Questions about diabetes

- F28\_1 **28. Do you have diabetes?**  
 Yes (continue to question 28a)  
 No (Continue to 30 "Questions about diseases of the thyroid gland)
- a) How old were you when you were diagnosed with diabetes? (State your age)     F28\_2      
b) How are you treated now for your diabetes?     F28\_3\_4\_5\_6      
 Diet only  
 Tablets  
 Insulin  
 Tablets and insulin
- 29. Has any of your parents, siblings or children diabetes?**     F29      
 Yes         No

## Questions about diseases of the thyroid gland

- F30\_1 **30. Have you ever been treated for a disease of the thyroid gland?**  
 Yes (continue to question 30a)  
 No (continue to question 32 "Menstruations; pregnancy and childbearing)  
 Don't know (continue to question 32 "Menstruations; pregnancy and childbearing)
- a) at what hospital were you?     F30\_2      
b) How old were you then?     F30\_3      
F30\_4 c) Was it because of...  
 Hyperthyroidism, Grave's disease, Basedow's disease?

- Enlarged thyroid gland, so called goitre
- Hypothyroidism, Hashimoto's disease
- Don't know

d) How were you treated when the disease was diagnosed? By... (State one or more options)

- F30\_5  Medication
- F30\_6  Operation
- F30\_7  Iodine
- F30\_8  None / Different way than the above mentioned

F31\_1 Do you receive treatment for any disease of the thyroid gland now?

- Yes (continue to question 31a)
- No (continue to question 32 "Menstruations; pregnancy and childbearing")
- Don't know (continue to question 32 "Menstruations; pregnancy and childbearing")

a) In what way? By... (State one or more options)

- F31\_2  Medication
- F31\_3  Operation
- F31\_4  Iodine
- F31\_5  None / Different way than the above mentioned

## Menstruations, pregnancy and childbearing

F32\_1 Have you ever been pregnant?

- Yes (continue to question 32a)
- No (continue to question 33 "Questions on childlessness")

a) State the birth year of all the children you've given birth to after 1991.

Child 1 F32\_2 Child 2 F32\_3 Child 3 F32\_4 Child 4 F32\_5 Child 5 F32\_6

F32\_7 b) Have you ever had high blood pressure in connection with a pregnancy (also any pregnancies before 1991)?

- Yes, during pregnancy/pregnancies (state year) <sup>F32\_8</sup>
- No
- Don't know

F32\_9 c) During the same pregnancy/pregnancies when you had high blood pressure, did you also have proteinuria?

- Yes
- No
- Don't know

F32\_10 d) Have you ever had pregnancy-induced diabetes (also any pregnancies before 1991)?

- Yes, during pregnancy/pregnancies (state year, for instance 1995) <sup>F32\_11</sup>
- No

## Infertility

F33\_1 Have you ever been treated for infertility?

- Yes (continue to question 33a)  
 No (continue to question 34 "Questions on weight and height")

a) What kind of treatments did you receive?

- F33\_2  Operation  
 F33\_3  Hormone stimulation (of the ovaries)  
 F33\_4  Other treatmentl \_\_\_\_\_ F33\_5 \_\_\_\_\_

b) How old were you when you were treated for childlessness the first time? F33\_6 \_\_\_\_\_ yrs

## Questions about weight and height

34. How much do you weigh in kilograms? \_\_\_\_\_ F34 \_\_\_\_\_

35. How tall are you in centimetres? \_\_\_\_\_ F35 \_\_\_\_\_

Disregard any pregnancies when you answer the questions below.

F36\_1 36. Have you ever lost 5 kg or more in one year?

- Yes (continue to question 36a)  No (continue to question 37)

a) How much and how many times have you lost weight?

	Never	Once	2 times	3 times	4 times	5 times or more
F36_2 Between 5 and 10 kg	<input type="checkbox"/>					
F36_3 10 kg or more	<input type="checkbox"/>					

F37\_1 37. Have you ever gained 5 kg or more in one year?

- Yes (continue to question 37a)  No (continue to question 38)

How much and how many times have you gained weight?

	Never	Once	2 times	3 times	4 times	5 times or more
F37_2 Between 5 and 10 kg	<input type="checkbox"/>					
F37_3 10 kg or more	<input type="checkbox"/>					

38. How much have you weighed at the MOST as an adult (that is since age 20 and after)?

- a) State this weight in kg \_\_\_\_\_ F38\_1 b) How old were you then? \_\_\_\_\_ F38\_2

39. How much have you weighed at the LEAST as an adult (that is since age 20 and after)?

- a) State this weight in kg \_\_\_\_\_ F39\_1 b) How old were you then? \_\_\_\_\_ F39\_2

#### 40. How would you rate your build?

Mark the box that fits best how you looked at different ages.

When you were 7 years old (class 1 in school)? F40\_1

At the time of your first menstruation? F40\_2

at age 18? F40\_3

Now? F40\_4

## Body shape

#### 41. What is the measure of your waist and hips? Measure with tape measure: measure A (waist) and hips B as shown in the figure.

Waist measurement (A) in complete cm: F41\_1

Hip measurement (B) in complete cm: F41\_2

## Skin type

F42 42. How many IRREGULAR birthmarks bigger than 5 mm do you have altogether on BOTH arms (from the fingers to the armpit)? (see photos in the appendix "Irregular birthmarks")

0 1 2-3 4-6 7-12 13-17 18-23 More than 24

F43 43. How many REGULAR birthmarks bigger than 5 mm do you have altogether on BOTH arms (from the fingers to the armpit)?

0 1 2-3 4-6 7-12 13-17 18-23 More than 24

## Sun habits

#### 44. How many times on average per year did you use to get burned by the sun so that your skin has stung or you've had blisters and peeling skin during different time periods?

	Never	1times/year	2-3 times/year	4-5 times/year	6 or more times/year
F44_1 1991-94	<input type="checkbox"/>				
F44_2 1995-98	<input type="checkbox"/>				
F44_3 1999-today	<input type="checkbox"/>				
F44_4 When you were a child (younger than 10)	<input type="checkbox"/>				

*Skip this section if you can't remember*

**45. How many weeks on average per year have you been on holiday to a southern climate?**

		Never	1 week/year	2-3 weeks/year	4-5 weeks/year	6 or more weeks/year
F45_1	1991-94	<input type="checkbox"/>				
F45_2	1995-98	<input type="checkbox"/>				
F45_3	1999-today	<input type="checkbox"/>				
F45_4	When you were a child (younger than 10)	<input type="checkbox"/>				

**46. How many weeks on average per year did you swim and sunbathe in Sweden or another Nordic country?**

		Never	1 week/year	2-3 weeks/year	4-5 weeks/year	6 or more weeks/year
F46_1	1991-94	<input type="checkbox"/>				
F46_2	1995-98	<input type="checkbox"/>				
F46_3	1999-today	<input type="checkbox"/>				
F46_4	When you were a child (younger than 10)	<input type="checkbox"/>				

**47. How many times on average per month have you been to a solarium?**

		Never	Seldom	2 times	3-5 times	5 times or more
F47_1	1991-94	<input type="checkbox"/>				
F47_2	1995-98	<input type="checkbox"/>				

**48. When you are out in the sun, how often do you use sun screening products?**

		Not at all	Sometimes	Often
F48_1	When you sunbathe in Sweden or other Nordic countries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F48_2	When you sunbathe in more southern countries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**49. What sun screen factor do you usually use?**

		1-5	6-10	11-15	16-20	>20
F49_1	When you sunbathe in Sweden or other Nordic countries	<input type="checkbox"/>				
F49_2	When you sunbathe in more southern countries	<input type="checkbox"/>				

**F50 50. As a child (younger than 10) did you use sun screening products in sunny weather on exposed skin areas?**

Not at all       Sometimes       Often

## Use of hormonal contraceptives after 1991

F51 **51. Have you ever used contraceptive pills (including mini-pills), a contraceptive rod or shots after 1991?**

Yes (continue to question 52)       No (continue to question 53 "Menopause")

**52. For every period you have used the same kind of pill (mini-pills, rod or shots), please state the code for the product you've taken (see the table below) and when you started using the product and how long you used it:**

If you can't remember the names you can look at the images in the appendix "Hormonal contraceptives". It contains colour photos of the different contraceptives that were sold in Sweden since 1991. If you are unsure about the make, state one of the special codes for contraceptive pills, combined pills or mini-pills, respectively, found in the table on the left. Approximate information is better than no information!

Special codes if you are unsure about the brand name

Product	Code
Contraceptive pills (combined or mini-pills), unknown brand	
Combined pill ("common" pill, contains both oestrogen and progestins), unknown kind	
Mini-pills (only progestins), unknown kind	
Contraceptive rod	
Contraceptive shots	

### Combined pills

That is "common pills", containing both oestrogen and progestins. Look at appendix to see images.

Cilest/Cilest 28	
Desolett	
Follimin/Follimin 28	
Follinet	
Etc	

### Mini-pills      Containing only progestin

Cerazette	
Exlutena	
Follistrel	
Mini-pe	

### Contraceptive rod

(a small rod that is inserted under the skin and prevents pregnancy for a long time)

Implanon	
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### P-shot

Injection containing progestins, given by medical staff approximately 4 times per year

Depo-provera	
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**Hormonal intrauterine contraceptive device (containing progestins, inserted by medical staff)**

Levanova	

Period	Code	Age at start	Length of treatment	
			Years plus months	
1	F52_1	F52_2	F52_3	F52_4
2	F52_5	F52_6	F52_7	F52_8
3	F52_9	F52_10	F52_11	F52_12
4	F52_13	F52_14	F52_15	F52_16
5	F52_17	F52_18	F52_19	F52_20

**Menopause**

- F53\_1 **53. Do you still have regular menstruation?**
- No, they've stopped (continue to question 54)
  - No, they've stopped because I use a intrauterine contraceptive device (continue to question 54)
  - No, I'm pregnant (continue to question 54)
  - No, I have irregular menstruation (continue to question 54)
  - Yes, I still have natural regular menstruation (continue to question 55)
  - Yes, I have menstruation because of ongoing hormonal medication. The last natural bleeding before medication began was:  F53\_2  (year, month) (continue to question 55)

**54. For what reason and at what age did your menstruation cease?**

- F54\_1  It stopped naturally at age:  F54\_2  (years)
- F54\_3  My uterus was removed surgically at age:  F54\_4  (state age)
- F54\_5  My ovaries were surgically removed at age:  F54\_6  (State age)
- F54\_7  Uterus and ovaries were surgically removed at age:  F54\_8  (State age)
- F54\_9  Hormonal treatment ceased when I was:  F54\_10  (State age)
- F54\_11  Other reason. I was then  F54\_12  (State age)

## Hormone treatment in menopause

Oestrogens are often prescribed for menopausal problems and at higher ages against dryness in the genital area. In some cases it is prescribed to prevent disease. Oestrogen can be given as pills, band aids, gel, locally (that is vaginal pills, lotion or a vaginal ring) or injections.

Progestions are sometimes given together with oestrogen – either during 7-14 dagar of the treatment month or daily – to regulate the menstruation. Progestins can then be given in so called combination preparations, or as separate pills. Sometimes progestins are given as a medication of its own to for instance prevent disturbances in the bleedings or ovarian cysts.

A uterine hormonal device can be used after menopause sometimes together with oestrogen to regulate menstrual bleeding.

The uterine device is called levonova and is placed in the uterus. Before menopause it is used as a contraceptive.

- F55 **55. Have you ever received hormonal treatment as described above?**  
 Yes (continue to question 56)       No (continue to question 62 "Questions about physical activity")

What hormonal medication have you taken? If you have switched between brands, consider each different oestrogen medication or combination of oestrogen and progestions as a separate period of treatment. Below you will find detailed questions about the treatment. State for each treatment period the dates for when it began and ended, as well as the code of the brand. The codes can be found in the table in the appendix "Hormone treatment in menopause". If you have used oestrogen and progestins (as pills or a uterine device) at the same time but in two separate preparations, then state both codes of the medications for the same treatment period. Also state how many days/month you took the separate progestin (state average number of days per month if you've taken progestins every other or every third month). If you can't remember the brand names please look in the appendix "Hormone treatment in menopause". It contains pictures of all brands sold in Sweden since 1980. If you are still unsure you can state the code for unsure names for each respective brand from the table in the appendix "Hormone treatment in menopause".

### 56. Treatment period 1

a) State for the first time period when you used/use the same hormone preparations

Date of start (year/month)	Date of end (year/month)
F56_1	F56_2

b) During this period do you or did you use any oestrogen or combined oestrogen/progestin preparation?

In that case, state the code for the brand you used F56\_3

c) During this period do you/did you use any progestin preparation, including uterine device?

In that case, state the code for the brand you used F56\_4

F56\_5 ... and the number of days per month you took this preparation

F56\_6 d) Have you used any other hormone preparations after the first treatment period?

Yes       No (continue to question 60 )

**57. Treatment period 2**

a) State for the second time period you used/use the same kind of brand...

Date of start (year/month)	Date of end (year/month)
F57_1	F57_2

b) During this period do you/did you use any oestrogen or combined oestrogen/progestin preparation?

In that case, state the code for the brand you used   F57\_3  

F57\_4 c) Do you/did you use any progestin preparation during this period, including uterine device?  
In that case, state the code for the brand you used and the number of days per month you took the preparation   F57\_5  

F57\_6 d) Have you used any other hormone preparations after the second treatment period?  
 Yes       No (continue to question 60)

**58. Treatment period 3**

a) State for the third time period you used/use the same hormone preparation

Date of start (year/month)	Date of end (year/month)
F58_1	F58_2

b) During this period do you/did you use any oestrogen or combined oestrogen/progestin preparation?

F58\_3 In that case, state the code for the brand you used

F58\_4 c) Do you/did you use any progestin preparation during this period, including uterine device?  
In that case, state the code for the brand you used and the number of days per month you took this preparation   F58\_5  

d) Have you used any other hormone preparations after the third treatment period??  
 Yes       No (continue to question 60)

**59. Treatment period 4**

a) State for the fourth time period you used/use the same hormone preparation

Date of start (year/month)	Date of end (year/month)
F59_1	F59_2

b) During this period do you/did you use any oestrogen or combined oestrogen/progestin preparation?

In that case, state the code for the brand you used   F59\_3  

F59\_4 c) Do you/did you use any progestin preparation during this period, including uterine device?

In that case, state the code for the brand you used and the number of days per month you took this preparation F59\_5

**60. What is/was the reason why you started the hormone replacement therapy? Mark all applicable options**

a) Treatment of menopausal symptoms:

- F60\_1  Sweating
- F60\_2  Psychological problems
- F60\_3  Trouble sleeping
- F60\_4  Dryness in the genital area
- F60\_5  Urinary infections
- F60\_6  Problems with bleeding
- F60\_7  Premenstrual trouble

b) Prevention of disease:

- F60\_8  Osteoporosis
- F60\_9  Heart disease

c) Other reason:

- F60\_10  My doctor thought I should take it
- F60\_11  I wanted to feel "younger"

**61. If you don't use hormone replacement therapy any more, why did you quit? Mark all applicable options**

a) The medication caused trouble or adverse effects:

- F61\_1  Weight gain
- F61\_2  Bleedings
- F61\_3  Sore breasts
- F61\_4  Other troubles

b) I stopped taking hormonal medicine when I got:

- F61\_5  High blood pressure
- F61\_6  Diabetes
- F61\_7  Angina of the heart
- F61\_8  Coronary infarction
- F61\_9  Uterine cancer
- F61\_10  Ovarian cancer
- F61\_11  Breast cancer
- F61\_12  Other disease

c) Other reasons:

- F61\_13  I didn't feel I needed it anymore
- F61\_14  My doctor suggested I should stop
- F61\_15  I worried about adverse side effects

## Questions about physical activity

**62. State your present physical activity lever according to a scale from 1 to 10, from very low to very high. By physical activity we mean both work in the house and professionally and exercise, walking, cycling, skiing etc. By very low physical activity we mean almost just sitting down. By normal (mid-scale) we mean for instance a few longer walks every week, and by very high we mean for instance sports/jogging several times per week.**

F62 1 – Very low  10 – Very high

### 63. How physically active are you during a normal 24 hours?

In the table below there are 9 levels (grades) of exertion. A is the lowest one and I the highest degree of exertion. To understand what each level means there are examples of activities that correspond to a certain level of exertion.

Try to approximate how many hours, half hours and quarters of an hour you spend doing different activities that are as strenuous as level A to I. Start with level A and then state time per level. The sum should add up to 24 hours.

		F63_1	F63_2
A	For example, sleeping or resting	Hours	Minutes
B	For example, sitting in a bathtub, sitting listening to music or watching TV	F63_3	F63_4
C	For example, office work, knitting, sowing, or attending a meeting	F63_5	F63_6
D	For example, making the bed, ironing clothes, washing dishes	F63_7	F63_8
E	For example, bowling, garage work, working on the car, drive a bus, dancing the waltz or the foxtrot	F63_9	F63_10
F	For example, walking briskly, horse riding, sweeping the street	F63_11	F63_12
G	For example, painting the house, carry and staple fire wood, ski (cross country or downhill)	F63_13	F63_14
H	For example, road works, mowing the lawn (hand-driven lawn mower), shovel snow	F63_15	F63_16
I	How many hours of 24 hours do you spend doing things more strenuous than level H?	F63_17	F63_18
	Sum of time	F63_19	F63_20

## Questions about education and work

F64 **64. What is your highest educational level? State only one option, that is, the highest formal level of education.**

- F64\_1  Elementary school
- F64\_2  9 years elementary school
- F64\_3  Vocational training
- F64\_4  Girl school
- F64\_5  Secondary school
- F64\_6  Adult education (secondary school level)
- F64\_7  Folkhögskola
- F64\_8  University/university college up to two years
- F64\_9  University/university college two years or more

65. What is your present main occupation? Choose one or more options.

- F65\_1  Paid full-time work
- F65\_2  Paid part-time work
- F65\_3  Own business
- F65\_4  Unpaid housework/ parental leave
- F65\_5  Unemployed
- F65\_6  Retired
- F65\_7  Retired due to illness/long-term sick leave
- F65\_8  Student
- F65\_9  Other

F66\_1 **66. Have you had help to fill out this questionnaire (completely or partly)?**

- No (continue to question 67)
- Yes (continue to question 66a)

F66\_2 a) How?

- I answered myself but was assisted in filling out the boxes and writing replies
- The one who helped me also answered some or all questions

F66\_3\_4\_5 b) Why?

- Poor eye sight
- Difficulty in writing (arthritis)
- Other reasons why I couldn't answer myself

F66\_6 c) By whom?

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F67 **67. Have you been able to answer the questionnaire in privacy (no one else has been able to see your answers)?**

- Yes
- No