

Variable's name

Variable's description

LPNR	Woman's ID in the old data (1991-1992/2003-2004)
F1	1.How many times per year do you visit a doctor?
F2_1	2.Have you ever been to a mammography examination?
F2_2	a) How many times have you been to a mammography screening
F2_3	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?
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?
F4_1	...found it difficult to fall sleep
F4_2	...woken up and found it difficult to go back to sleep
F4_3	...been snoring loudly
F4_4	...had a troubled sleep
F4_5	...had nightmares
F4_6	...found it difficult to wake up
F4_7	...not felt rested when you woke up
F4_8	...awoken too early
F4_9	...been sleepy during the day
F4_10	...fallen asleep during the day (dozed off)
F4_11	...taken a nap during the day
F4_12	...taken a sleeping pill
F5	5. What working hours do you have?
F6	6. To what extent do you consider yourself a morning person or an evening person?
F7	7. How do you usually sleep?
F8_1	... do you feel that you need to sleep?
F8_2	... do you usually sleep during a weekday ?
F8_3	... do you usually sleep on the weekend?
F9_1	9. Have you ever been a regular smoker?
F9_2	COMMENT
F10_1	10. Do you still smoke?
F10_2	COMMENT
F11_1	1991_94
F11_2	1995_98
F11_3	1999-now
F12	12. Do you ever drink alcohol (that is wine, spirits or beer)?
F13_1	Low alcohol-beer
F13_2	Beer
F13_3	White wine
F13_4	Red wine
F13_5	Dessert Wine
F13_6	Spirits
F14_1	Low alcohol beer
F14_2	Beer
F14_3	Wine 1 glass = 1 dl
F14_4	Dessert wine 1 glass = 4cl, 1 bottle = 75 cl
F14_5	Spirits 1 glass = 4cl, 1 bottle = 75 cl
F15	15. When you drink alcohol, is it in connection with a meal?

F16_1 16. Have you ever felt sad, down or depressed two weeks or longer in a row?

F16_2 a) How long did this feeling of sadness, being down or depressed usually last during that period?

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, or depressed? State your age

F17_1 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?

F17_2 a) How long did this feeling of lost interest last during this period?

F17_3 b) During that period, did you feel like that: xxxxxx

F17_4 c) Did you feel tired constantly and without any energy?

F17_5 d) During this period, did your weight change even though you didn't try to make it change?

F17_7_12 How much did you lose ? (State in kilograms)

F17_9_11 How much did you gain? (State in kilograms)

F17_13 e) During this period, did you find it more difficult to fall asleep than usual?

F17_14 f) How often did you find it difficult to fall asleep during this period?

F17_15 g) Did you find it more difficult than usual to concentrate?

F17_16 h) Sometimes people look down on themselves feel bad or useless. Did you feel that way?

F17_17 i) Did you think a lot about death, either your own or somebody else's or death in general?

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?

F17_19 k) How many times have you felt this way during your lifetime?

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?

F19_1 19. Are you still experiencing this or has the period stopped?

F19_2, (F19_4, F19_5;paper), (f19_2_4_5_web;web) a) How long did it last, counted in months or years?

F19_3 COMMENT

F19_6 COMMENT

F19_7 b) Did you worry about things that probably won't or can't happen?

F19_8 c) Did you worry about things that aren't or weren't especially important?

F19_2, F19_4, F19_5(paper), f19_2_4_5_web(web) a) How long did it last, counted in months or years?

F19_3 COMMENT

F19_6 COMMENT

F19_7 b) Do you worry about things that probably won't or can't happen?

F19_8 c) Do you worry about things that aren't or weren't especially important?

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

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?

F22_1 Do you ever feel as if other people make remarks aimed at you and that they say things that may be ambiguous?

F22_2 Do you ever feel that what is written in the papers or is said on TV may be aimed especially at you?

F22_3 Do you ever feel that other people aren't who they say they are?

F22_4 Do you ever feel that you are stalked in some way?

F22_5 Do you ever feel that there is a conspiracy against you?

F22_6 Do you ever feel that you are meant to be somebody really important?

F22_7 Do you ever feel that you are a very special or rare person?

F22_8 Do you ever think that people can communicate by telepathy?

F22_9	Do you ever feel that electric devices can influence your thinking?
F22_10	Do you believe in witchcraft, voodoo or occult phenomena?
F22_11	Do you ever feel that people are looking strangely at you because of your appearance?
F22_12	Do you ever feel that that your thoughts are taken from your head?
F22_13	Do you ever feel that the thoughts in your head aren't your own?
F22_14	Have your thoughts ever been so intense that you've been worried that other people may hear them?
F22_15	Do you ever hear your own thoughts bounce back at you like an echo?
F22_16	Do you ever feel that you are controlled by some power or thing outside of yourself?
F22_17	Do you ever hear voices when you're alone?
F22_18	Do you ever hear voices speaking to each other when you're alone?
F22_19	Do you ever feel like a double has taken the place of a family member, friend or acquaintance?
F22_20	Do you ever see objects, people or animals that others can't see?
F23_1	Coeliac, glucose intolerance
F23_2	COMMENT
F23_3	Asthma
F23_4	COMMENT
F23_5	Hay fever
F23_6	COMMENT
F23_7	Psoriasis
F23_8	COMMENT
F23_9	Ulcerous colitis
F23_10	COMMENT
F23_11	Crohn's disease
F23_12	COMMENT
F23_13	PCO (poly-cystic ovarian syndrome)
F23_14	COMMENT
F23_15	Allergy to nickel
F23_16	COMMENT
F23_17	Borelia infection
F23_18	COMMENT
F23_19	Angina pectoris
F23_20	COMMENT
F23_21	Heart infarction
F23_22	COMMENT
F23_23	A broken wrist in adult age
F23_24	COMMENT
F23_25; This variable is cleaned and x_f23_25 should be used not f23_2(0.No 1.Yes)	Hypertension
F23_26; this variable is cleaned and x_f23_26 should be used	COMMENT
F23_27	Increased levels of cholesterol or triglyceride
F23_28	COMMENT
F24_1	acne after your teenage years, that is more than a few single ones?
F24_2	a lot of hair on parts of the body where most women do not have so much, e.g. on the upper lip, chin, stomach or thighs?
F24_3	common warts on the fingers or toes since you became an adult?
F24_4	Herpes infection of the mouth, that is, sores on the lips or in the corners of the mouth?
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 ac
F26	26. How many times in your life have you been treated with antibiotics/penicillin?
F27_1	27. Have you been diagnosed by a doctor with rheumatoid arthritis, that is chronic arthritis?
F27_2	a) How old were you then? (State your age)

F27_3	b) At what hospital/health care place were you diagnosed?
F27_4	c) Are you checked regularly by a doctor for your arthritis, in that case where?
F27_5	COMMENT
F27_6	d) Are you presently on medication for your chronic arthritis?
F27_7	COMMENT
F28_1	28. Do you have diabetes?
F28_2	a) How old were you when you were diagnosed with diabetes? (State your age)
F28_3_4_5_6	b) How are you treated now for your diabetes?
F29	29. Has any of your parents, siblings or children diabetes?
F30_1	30. Have you ever been treated for a disease of the thyroid gland?
F30_2	a) at what hospital were you?
F30_3	b) How old were you then?
F30_4	c) Was it because of...
F30_5	Medication
F30_6	Operation
F30_7	Iodine
F30_8	None / Different way than the above mentioned
F31_1	31. Do you receive treatment for any disease of the thyroid gland now?
F31_2	Medication
F31_3	Operation
F31_4	Iodine
F31_5	None / Different way than the above mentioned
F32_1	32. Have you ever been pregnant?
F32_2	Child1
F32_3	Child2
F32_4	Child3
F32_5	Child4
F32_6	Child5
F32_7	b) Have you ever had high blood pressure in connection with a pregnancy?
F32_7	Have you ever had high blood pressure in connection with a pregnancy (also any pregnancies before 1991)?
F32_8	COMMENT
F32_9	c) During the same pregnancy/pregnancies when you had high blood pressure, did you also have proteinuria?
F32_10	d) During the same pregnancy/pregnancies when you had high blood pressure, did you also have proteinuria(also any pregnancies before 1991)?
F32_11	COMMENT
F33_1	33. Have you ever been treated for infertility?
F33_2_3_4_web/F33_2, F33_3, F33_4	a) What kind of treatments did you receive?
F33_5	COMMENT-Other treatment
F33_6	b) How old were you when you were treated for childlessness the first time?
F34	34. How much do you weigh in kilograms?
F35	35. How tall are you in centimeters?
F36_1	36. Have you ever lost 5 kg or more in one year?
F36_2	Between 5 and 10 kg
F36_3	10 kg or more
F37_1	37. Have you ever gained 5 kg or more in one year?
F37_2	Between 5 and 10 kg
F37_3	10 kg or more
F38_1	a) State this weight in kg
F38_2	b) How old were you then?

F39_1	a)State this weight in kg
F39_2	b)How old were you then?
F40_1	...When you were 7 years old (class 1 in school)?
F40_2	...At the time of your first menstruation?
F40_3	.. at age 18?
F40_4	...now
F41_1	Waist measurement (A) in complete cm
F41_2	Hip measurement (B) in complete cm:
F42	42. How many IRREGULAR birthmarks bigger than 5 mm do you have altogether on BOTH arms (from the fingers to the armpit)?
F43	43. How many REGULAR birthmarks bigger than 5 mm do you have altogether on BOTH arms (from the fingers to the armpit)?
F44_1	1991_94
F44_2	1995_98
F44_3	1999-today
F44_4	When you were a child (younger than 10)
F45_1	1991_94
F45_2	1995_98
F45_3	1999-today
F45_4	When you were a child (younger than 10)
F46_1	1991_94
F46_2	1995_98
F46_3	1999-today
F46_4	When you were a child (younger than 10)
F47_1	1991_94
F47_2	1995_98
F48_1	When you sunbathe in Sweden or other Nordic countries
F48_2	When you sunbathe in more southern countries
F49_1	When you sunbathe in Sweden or other Nordic countries
F49_2	When you sunbathe in more southern countries
F50	50. As a child (younger than 10) did you use sun screening products in sunny weather on exposed skin areas?
F51	51. Have you ever used contraceptive pills (including mini-pills), a contraceptive rod or shots after 1991?
F52_1	period1: hormonal contraceptives code
F52_2	age-
F52_3	year-
F52_4	months-
F52_5	Hormonal contraceptives code
F52_6	age-
F52_7	year-
F52_8	months-
F52_9	Hormonal contraceptives code
F52_10	age-
F52_11	year-
F52_12	months-
F52_13	Hormonal contraceptives code
F52_14	age-
F52_15	year-
F52_16	months-
F52_17	Hormonal contraceptives code
F52_18	age-

F52_19	year-
F52_20	months-
F53_1	53. Do you still have regular menstruation?
F53_2	COMMENT
F54_1,F54_3,F54_5,F54_7,F54_9,F54_11	54. For what reason and at what age did your menstruation cease?
F54_2	It stopped naturally at age ...
F54_4	My uterus was removed surgically at age...
F54_6	My ovaries were surgically removed at age...
F54_8	Uterus and ovaries were surgically removed at age
F54_10	Hormonal treatment ceased when I was:
F54_12	Other reason. I was then_____ (State age)
F55	55. Have you ever received hormonal treatment as described above?
F56_1	Date of start (year/month)
F56_2	Date of end (year/month)
F56_3	In that case, state the code for the brand you used
F56_4	In that case, state the code for the brand you used
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?
F57_1	Date of start (year/month)
F57_2	Date of end (year/month)
F57_3	In that case, state the code for the brand you used
F57_4	In that case, state the code for the brand you used
F57_5	...and the number of days per month you took this preparation
F57_6	d) Have you used any other hormone preparations after the second treatment period?
F58_1	Date of start (year/month)
F58_2	Date of end (year/month)
F58_3	In that case, state the code for the brand you used
F58_4	In that case, state the code for the brand you used and the number of days per month you took this preparation
F58_5	...and the number of days per month you took this preparation
F58_6	d) Have you used any other hormone preparations after the third treatment period?
F59_1	Date of start (year/month)
F59_2	Date of end (year/month)
F59_3	In that case, state the code for the brand you used
F59_4	In that case, state the code for the brand you used
F59_5	...and the number of days per month you took this preparation
F60_1	60. What is/was the reason why you started the hormone replacement therapy?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
F60_8	Osteoporosis
F60_9	Heart disease
F60_10	My doctor thought I should take it
F60_11	I wanted to feel "younger"
F61_1	Weight gain
F61_2	Bleedings

F61_3	Sore breasts
F61_4	Other troubles
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
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
F62	62. State your present physical activity level according to a scale from 1 to 10
F63_1	A For example, sleeping or resting (hours)
F63_2	For example, sleeping or resting (min)
F63_3	B For example, sitting in a bathtub, sitting listening to music or watching TV (hours)
F63_4	For example, sitting in a bathtub, sitting listening to music or watching TV (min)
F63_5	C For example, office work, knitting, sowing, or attending a meeting (hours)
F63_6	For example, office work, knitting, sowing, or attending a meeting (min)
F63_7	D For example, making the bed, ironing clothes, washing dishes (hours)
F63_8	For example, making the bed, ironing clothes, washing dishes (min)
F63_9	E For example, bowling, garage work, working on the car, drive a bus, dancing the waltz or the foxtrot (hours)
F63_10	For example, bowling, garage work, working on the car, drive a bus, dancing the waltz or the foxtrot (min)
F63_11	F For example, walking briskly, horse riding, sweeping the street (hours)
F63_12	For example, walking briskly, horse riding, sweeping the street (min)
F63_13	G For example, painting the house, carry and staple fire wood, ski (cross country or downhill) (hours)
F63_14	For example, painting the house, carry and staple fire wood, ski (cross country or downhill) (min)
F63_15	H For example, road works, mowing the lawn (hand-driven lawn mower), shovel snow (hours)
F63_16	For example, road works, mowing the lawn (hand-driven lawn mower), shovel snow (min)
F63_17	I How many hours of 24 hours do you spend doing things more strenuous than level H? (hours)
F63_18	How many minutes of 24 hours do you spend doing things more strenuous than level H? (min)
F63_19	Sum of time-hours
F63_20	Sum of time-minutes
F64	64. What is your highest educational level? State only one option, that is, the highest formal level of education.
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)?
F66_2	a) How?
F66_3_4_5	b) Why?
F66_6	c) By whom?

F67	67. Have you been able to answer the questionnaire in privacy (no one else has been able to see your answers)?
F68	68. Where have you used Internet?
F68_1	Home
F68_2	Job
F68_3	At the school
F68_4	With friends
F68_5	InternetCafé
F68_6	Library
F68_7	Other places
F68_8	69. How often do you use Internet?
BIRTH_DATE	Birth date
REG_DATE_WEB	Registering date (web questionnaire)
REG_METHOD	The method of registering
BIRTH_DATE	Birth date
X_REG_DATE	Registering date (web questionnaire); The cleaned variable regarding to variable: REG_DATE
X_BEER_FREQ	Low beer frequency(times/months); The cleaned variable regarding to variable F13_1
X_STRONGBEER_FREQ	Beer frequency(times/months); The cleaned variable regarding to variable F13_2
X_WHITEWINE_FREQ	White wine frequency(times/months); The cleaned variable regarding to variable F13_3
X_REDWINE_FREQ	Red wine frequency(times/months); The cleaned variable regarding to variable F13_4
X_STRONGWINE_FREQ	Dessert (strong) wine frequency(times/months) ; The cleaned variable regarding to variable F13_5
X_SPIRIT_FREQ	Spirits frequency(times/months) ; The cleaned variable regarding to variable F13_6
X_BEER_PORT	Beer (g/time)
X_STRONGBEER_PORT	Strongbeer (g/time)
X_WINE_PORT	Red wine (g/time)
X_STRONGWINE_PORT	Dessert (strong) wine(g/time)
X_SPIRIT_PORT	Spirit (g/time)
X_BEER	Intake of beer (g/day)
X_BEER_STRONG	Intake of strong beer (g/day)
X_WINE_WHITE	Intake of white wine (g/day)
X_WINE_RED	Intake of red wine (g/day)
X_WINE_STRONG	Intake of strong wine (g/day)
X_SPIRIT	Intake of spirit (g/day)
X_ALCOHOL	Alcohol intake (g/day)
X_F14_1	Low alcohol beer ; the cleaned data regarding to variable of F14_1
X_F14_2	Beer ; the cleaned data regarding to variable of F14_2
X_F14_3	Wine 1 glass = 1 dl ; the cleaned data regarding to variable of F14_3
X_F14_4	Dessert wine 1 glass = 4cl, 1 bottle = 75 cl ;; the cleaned data regarding to variable of F14_4
X_F14_5	Spirits 1 glass = 4cl, 1 bottle = 75 cl ; the cleaned data regarding to variable of F14_5
X_AGE	Age of women
X_F23_25	Hay fever ; the cleaned variable regarding to variable F23_25
X_F23_26	COMMENT; the cleaned variable regarding to variable F23_26
X_F28_1	Diabetes(Y/N); The cleaned variable regarding to variable F28_1
X_F28_2	Diabetes age; The cleaned variable regarding to variable F28_1
X_F63_1	Physical activity A-hours; the cleaned variable regarding to variable F63_1
X_F63_2	Physical activity A-minutes; the cleaned variable regarding to variable F63_2
X_F63_3	Physical activity B-hours; the cleaned variable regarding to variable F63_3
X_F63_4	Physical activity B-minutes; the cleaned variable regarding to variable F63_4
X_F63_5	Physical activity C-hours; the cleaned variable regarding to variable F63_5

X_F63_6	Physical activity C-minutes; the cleaned variable regarding to variable F63_6
X_F63_7	Physical activity D-hours; the cleaned variable regarding to variable F63_7
X_F63_8	Physical activity D-minutes; the cleaned variable regarding to variable F63_8
X_F63_9	Physical activity E-hours; the cleaned variable regarding to variable F63_9
X_F63_10	Physical activity E-minutes; the cleaned variable regarding to variable F63_10
X_F63_11	Physical activity F-hours; the cleaned variable regarding to variable F63_11
X_F63_12	Physical activity F-minutes; the cleaned variable regarding to variable F63_12
X_F63_13	Physical activity G-hours; the cleaned variable regarding to variable F63_13
X_F63_14	Physical activity G-minutes; the cleaned variable regarding to variable F63_14
X_F63_15	Physical activity H-hours; the cleaned variable regarding to variable F63_15
X_F63_16	Physical activity H-minutes ; the cleaned variable regarding to variable F63_16
X_F63_17	Physical activity I-hours; the cleaned variable regarding to variable F63_17
X_F63_18	Physical activity I-minutes ; the cleaned variable regarding to variable F63_18
X_F63_19	Total amount-hours; the cleaned variable regarding to variable F63_19
X_F63_20	Total amount-minutes; the cleaned variable regarding to variable F63_20
X_BMI_2003	BMI in 2003