THE OSLO HEALTH STUDY

Do not write here:

5.3 (Bydel) (Fylke) (Land) 9.3 (Aktivitet) 9.4 (Yrke) 14.7 (Merke)

☐☐☐☐ ☐☐ ☐☐☐☐ ☐☐☐ ☐☐☐ ☐☐☐ ☐☐☐ ☐☐ ☐☐ ☐☐☐☐

1. YOUR OWN HEALTH

1.1 How would you describe your present state of health? (*Mark only one answer with a cross)*

Poor	Not very good	Good	Very good
☐ 1	☐ 2	☐ 3	☐ 4

1.2 Do you have any of these illnesses, or have you suffered from of them in the past?

	Yes	No	Age on last occasion
Asthma	☐	☐	☐☐ yrs
Hay fever	☐	☐	☐☐ yrs
Chronic bronchitis/emphysema.....	☐	☐	☐☐ yrs
Diabetes.....	☐	☐	☐☐ yrs
Osteoporosis.....	☐	☐	☐☐ yrs
Fibromyalgia / chronic pain syndrome….....	☐	☐	☐☐ yrs
Mental disorders for which you sought help	☐	☐	☐☐ yrs
Cardial infarction.....	☐	☐	☐☐ yrs
Angina pectoris (cardiac spasm).....	☐	☐	☐☐ yrs
Stroke/cerebral haemorrhage (“drip”).....	☐	☐	☐☐ yrs

1.3 Have you ever noticed any sudden change of your pulse or heart beat during the past year?…… Yes ☐ No ☐

1.4 Do you feel pain or discomfort when you: Walk up hills, climb stairs or walk fast on level ground?…… Yes ☐ No ☐

1.5 If you do feel such pain, do you usually:

Stop?	Slow down?	Continue at the same pace?
☐ 1	☐ 2	☐ 3

1.6 If you stop, does the pain then disappear after less than 10 minutes?…….. Yes ☐ No ☐

1.7 Is such pain just as likely to occur when you are standing still or sitting / lying down?.....…….. Yes ☐ No ☐

2. MUSCULOSKELETAL DISORDERS

2.1 Have you suffered from pain and/or stiffness in muscles and joints in the course of the last 4 weeks?
(Duration to be stated only if you have been troubled in this way)

	Not troubled	Somewhat troubled	Very troubled	Duration: Up to 2 weeks	Duration: 2 weeks or more
Neck/shoulders.....	☐	☐	☐	☐	☐
Arms, hands.....	☐	☐	☐	☐	☐
Upper back.....	☐	☐	☐	☐	☐
Lower back.....	☐	☐	☐	☐	☐
Hips, legs, feet.....	☐	☐	☐	☐	☐
Elsewhere.....	☐	☐	☐	☐	☐

2.2 Have you ever:	Yes	No	Age on last occasion
Broken (fractured) your wrist/lower arm?.....	☐	☐	☐☐ yrs
Fractured your hip (neck of your femur)?.....	☐	☐	☐☐ yrs

3. OTHER DISORDERS

3.1 Below is a list of various problems. Have you suffered from any of the following during the last week (including today)?
(*Put a cross for every problem)*

	Not troubled	Slightly troubled	Quite a lot troubled	Much troubled
Suddenly feel panicky for no reason.....	☐	☐	☐	☐
Suddenly feel frightened or anxious.....	☐	☐	☐	☐
Feel faint or dizzy.....	☐	☐	☐	☐
Feel tense or harassed.....	☐	☐	☐	☐
Easily find fault with yourself.....	☐	☐	☐	☐
Sleeplessness.....	☐	☐	☐	☐
Feel depressed, dejected.....	☐	☐	☐	☐
Feel useless, of little worth.....	☐	☐	☐	☐
Feel that everything is a burden.....	☐	☐	☐	☐
Feeling of hopelessness for the future.....	☐	☐	☐	☐
	1	2	3	4

4. USE OF THE HEALTH SERVICES

4.1 How many times during the last 12 months have you personally used:
(One cross on each line)

	None	1-3 times	4 times or more
General practitioner	☐	☐	☐
Company doctor.....	☐	☐	☐
Psychologist or psychiatrist..... *(private or at an outpatient clinic)*	☐	☐	☐
Other consultant (specialist) (*private or at an outpatient clinic*.....	☐	☐	☐
Emergency service ("doctor-on-call") (*private or public)*.....	☐	☐	☐
Admission to hospital	☐	☐	☐
Home nursing service.....	☐	☐	☐
Physiotherapist.....	☐	☐	☐
Chiropractor	☐	☐	☐
Dentist.....	☐	☐	☐
Alternative therapist.....	☐	☐	☐

5. WHERE YOU GREW UP / WHERE YOU BELONG

5.1 How long have you lived in Oslo altogether?.....…… ☐☐ yrs
(Write 0 if less than 6 months)

5.2 How long have you lived altogether in the district / sub-municipality of Oslo where you are living now? ☐☐ yrs
(Write 0 if less than 6 months)

5.3 Where did you live for most of the time before you reached the age of 16 years?

(Cross off one alternative and specify)

Same sub-municipality/district of Oslo ……. ☐1

Another sub-municipality/ district of Oslo …… ☐2 _____

Another county in Norway …… ☐3 Which _____

Outside Norway.....…… ☐4 Country_____

5.4 Have you moved in the course of the last five years?

No	Yes, once	Yes, several times
☐1	☐2	☐3

6. WEIGHT

6.1 Assess your weight when you were 25 years old: ☐☐☐ whole kg

7. FOOD AND DRINK

7.1 How often do you usually eat the following kinds of foods?
(Mark the appropriate answer with a cross on each line)

	Seldom/ Never	1-3 times. pr. mth	1-3 times. pr. week	4-6 times. pr. week	1-2 times. pr. day	3 times or more pr. day
Fruit/berries .....……..	☐	☐	☐	☐	☐	☐
Cheese *(all kinds)* .....…	☐	☐	☐	☐	☐	☐
Potatoes .....……	☐	☐	☐	☐	☐	☐
Cooked vegetables ……	☐	☐	☐	☐	☐	☐
Raw vegetables/salad …	☐	☐	☐	☐	☐	☐
Fat fish(*e.g. salmon …..*	☐	☐	☐	☐	☐	☐
trout, mackerel, herring)	1	2	3	4	5	6

7.2 What kind of fat do you use most often? *(One cross only on each line)*

	Dairy-butter	Hard margarine	Soft/light margarine	Oil	Do not use
On bread	☐	☐	☐	☐	☐
For cooking ……..	☐	☐	☐	☐	☐
	1	2	3	4	5

7.3 Do you take the following food supplements?

	Yes, daily	Sometimes	No
Cod liver oil, cod liver oil capsules, fish oil capsules? …….	☐	☐	☐
Vitamin- and/or mineral supplement? ……..	☐	☐	☐

7.4 How much do you usually drink of the following?
(One cross per line).

	Seldom/ Never	1-6 glass pr.wk	1 glass pr.day	2-3 glasses pr. day	4 glasses or more pr. day
Full cream melk, kefir, yoghurt	☐	☐	☐	☐	☐
Semi-skimmed milk, "cultura", light yoghurt	☐	☐	☐	☐	☐
Skimmed milk (sour/sweet)	☐	☐	☐	☐	☐
Fruit juice	☐	☐	☐	☐	☐
Water	☐	☐	☐	☐	☐
Carbonated bottled water	☐	☐	☐	☐	☐
CocaCola, Pepsi Cola or suchlike	☐	☐	☐	☐	☐
Other "fizzy"drinks/thirst quenchers	☐	☐	☐	☐	☐
	1	2	3	4	5

7.5 Do you usually drink thirst quenchers / Cola: With sugar ☐ 1 Without sugar ☐ 2

7.6 How many cups of coffee or tea do you drink <u>daily</u>?
(Write 0 if you do not drink coffee or tea daily)

Number cups coffee ☐☐ **Number cups tea:** ☐☐

7.7 What kind of coffee do you usually drink?

Filter-/ instant coffee..... ☐
"Boiled" (coarse ground)/ Cafeteria-made coffee ☐
Other coffee (espresso etc.) ..... ☐
Do not drink coffee..... ☐

7.8 How often have you consumed alcohol in the course of the <u>past year</u>?
(Low alcohol beer and non-alcoholic beer are not included)

4-7 times pr. wk ☐ 1 **2-3 times pr. wk** ☐ 2 **ca. once pr. wk** ☐ 3 **2-3 times pr. mth** ☐ 4 **About once pr. mth.** ☐ 5

A few times in the past year ☐ 6 **Have not drunk alcohol this past year** ☐ 7 **Have never drunk alcohol** ☐ 8

To those who have consumed alcohol during the past year:

7.9 When you consumed alcohol, how many glasses or drinks did you usually consume? *Number* ☐☐

7.10 How often in the course of the past year did you drink as many as at least 5 glasses or drinks in the course of one day? *Number of. times* ☐☐

7.11 When you drink, do you usually drink: *(Put more than one cross if applicable)*

Beer ☐ **Wine** ☐ **Spirits** ☐

8. SMOKING

8.1 How much time do you usually spend each day in a smoke-filled room?.....*Number whole hours.* ☐☐

8.2 Did any of the adults in your home smoke when you were growing up?..... **Yes** ☐ **No** ☐

8.3 Are you living, or have you lived in the same house as a daily smoker after reaching the age of 20 yrs? **Yes** ☐ **No** ☐

	Yes, now	Yes, earlier	Never
8.4 Have you smoked/do you smoke daily?...	☐	☐	☐

If NEVER: Go straight to the questions on EDUCATION AND EMPLOYMENT)

8.5 If you smoke daily at present, do you smoke:	**Yes**	**No**
Cigarettes?	☐	☐
Cigars/cigarillos?	☐	☐
A pipe ?	☐	☐

8.6 If you have smoked daily before, how long is it since you stopped smoking? ..... *Number of years* ☐☐

8.7 If you smoke daily now, or have smoked before:

How many cigarettes do you or did you usually smoke daily? ..... *Number cigarettes* ☐☐

How old were you when you started to smoke daily? ..... *Age in yrs* ☐☐

How many years altogether have you smoked daily? .....*Number yrs* . ☐☐

9. EDUCATION AND EMPLOYMENT

9.1 How many years of schooling/education have you completed altogether?..... *Number yrs.* ☐☐

9.2 Are you currently employed?

Yes, full time ☐ 1 yes, part time ☐ 2 No ☐ 3

9.3 Describe the activity going on at the place of work (department) where you carried out paid work for the longest period of time during the last 12 months.*(E.g. Firm of Accountants, lower secondary school, pediatric department at a hospital, carpentry workshop, car repair workshop, bank, commodity trade, etc..)*

Activity:_____
If retired, state your activity and occupation before retirement.. Applies also to 9.4.

9.4 What is/was your occupation / title at this place of work?

(E.g. secretary, teacher, industrial worker, child nurse, cabinet maker, head of department, salesman, driver, etc..)

Occupation:_____

9.5 In your main occupation, are you self-employed, do you work as an employee or as a family member without an agreed fixed wage?

Self-employed	Employee	Family member
☐	☐	☐

9.6 Do you think you are in danger of losing your present work or income in the course of the next 2 years……..	**Yes**	**No**
	☐	☐

9.7 Are you receiving any of the following benefits?	**Yes**	**No**
Sick pay (Certified as being ill).....	☐	☐
Old-age pension, early retirement pension or widow(er)'s pension.....	☐	☐
Rehabilitation/training allowance.....	☐	☐
Disability pension (full or part).....	☐	☐
Daily allowance during unemployment.....	☐	☐
Social assistance / benefit.....	☐	☐
Interim allowance for single parents/supporters..	☐	☐

10. EXERCISE AND PHYSICAL ACTIVITY

10.1 What kind of physical activity have you undertaken in <u>you spare time</u> in the course of <u>the past year</u>?

Estimate a weekly average for the year.
From home to work is regarded as spare time. Answer both questions:

	Hours pr. week			
	None	Less than 1	1-2	3 or more
Light exercise				
(You do not sweat or feel out of breath)	☐	☐	☐	☐
Hard physical activity				
(You sweat and feel out of breath).....	☐	☐	☐	☐
	1	2	3	4

10.2 Describe the extent of movement and bodily exertion in <u>your spare time</u>. If the activity varies considerably, e.g. between summer and winter, then give an average. The question applies to <u>the past year</u> only.
(Mark the appropriate answer)

Read, watch TV or other sedentary activity? ..... ☐ 1

Walk, cycle or move about in some other way <u>at least 4 times per week</u>? ..... ☐ 2
(This should include walking or cycling to work, Sunday stroll/walk, etc.)

Take part in physical exercise/sport, do heavy gardening work? *(Note that the activity must take place at least 4 times a week)* ☐ 3

Exercise hard or take part in competitive sport regularly and <u>several times a week</u> ..... ☐ 4

11. FAMILIY AND FRIENDS

11.1 Do you live together with another person? **Yes** ☐ **No** ☐

If <u>YES:</u>	**Yes**	**No**	
Spouse/partner.....	☐	☐	
Other persons, 18 yrs or older	☐	☐	*Number* ☐☐
Persons under 18 yrs	☐	☐	*Number* ☐☐

11.2 How many good friends do you have? *Number of friends* ☐☐

Count those whom you can talk to in confidence and who can help you when you need help.
Do not count those who you live together with, but include other relatives.

11.3 How much interest do people show in the things you do?
(Only one cross)

Great interest	**Some interest**	**Slight interest**	**No interest**	**Uncertain**
☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

11.4 How many societies, clubs, groups, congregations etc. do you take part in in your free time? *Number* ☐☐
(Put 0 if none)

11.5 Do you feel that you can influence what happens in the local community where you live?

Yes, to a large degree	**Yes, to some degree**	**Yes, to a slight degree**	**No**
☐ 1	☐ 2	☐ 3	☐ 4

12. SICKNESS IN THE FAMILY

12.1 Has either of your parents or any of your brothers/sisters had cardial infarction, or angina pectoris (cardiospasm)? .....

Yes	**No**	**Do not know**
☐	☐	☐

13. USE OF MEDICINES

Medicines, in this context, means medicines bought at a pharmacy. Food supplements and vitamins are not included here..

13.1 Do you take?

	Now	Earlier, but not now	Never used
Medicine for high blood pressure.....	☐	☐	☐
Cholesterol-reducing medicine.....	☐	☐	☐

13.2 How often in the course o f <u>the last 4 weeks</u> have you taken the following medicines?

(One cross per line)

	Daily	Every week but not daily	Less often than every week	Not taken during the last 4 weeks
Painkillers, off prescription.....	☐	☐	☐	☐
Painkillers, on prescription.....	☐	☐	☐	☐
Sedatives	☐	☐	☐	☐
Tranquillisers	☐	☐	☐	☐
Anti-depressives	☐	☐	☐	☐
Other medicine on prescription.....	☐	☐	☐	☐
	1	2	3	4

13.3 For those medicines you have crossed off in items 13.1 and 13.2, and you have taken <u>during the last 4 weeks:</u>

State the name of the medicines and your reason for taking/having taken them (disease, symptom):
(Cross off for how long you have taken the medicine)

Name of medicine: *(one name per line):*	**Reason for taking the medicine**	**How long have you taken the medicine? Up to 1 yr**	**One yr. or more**
		☐	☐
		☐	☐
		☐	☐
		☐	☐
		☐	☐
		☐	☐
		☐	☐

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14. THE REST OF THE QUESTIONNAIRE IS TO BE ANSWERED BY WOMEN ONLY

14.1 How old were you when you had your first menstruation? ..... *Age in yrs.* ☐☐

14.2 If you no longer have menstruation, how old were you when you stopped? *Age in yrs* ☐☐

14.3 Are you pregnant at present?

Yes	No	Not sure	Past fertile age
☐ 1	☐ 2	☐ 3	☐ 4

14.4 How many children have you given birth to?.....*Number children* ☐☐

14.5 Do you use or have you used?
(One cross on each line)

	No	Before, but not now	Never
P-pill / minipill /p-injection	☐	☐	☐
Hormone loop	☐	☐	☐
Oestrogen *(tablets or plaster)*	☐	☐	☐
*O*estrogen *(cream or suppositories)*	☐	☐	☐

14.6. If you take / have taken oestrogen that is on prescription:

How long have you taken this? ..... *Number yrs.* ☐

14.7 If you use the p-pill, mini-pill, p-injection, hormone loop or oestrogen; which preparation do you use?

_____