



HEALTH QUESTIONNAIRE

Optimisation phase

IDENTIFICATION-INTERVIEWER _ _ _ _

ISQ Collecte: _ _ _ _ _ _ _ _

ID consentement: C _ _ _ _ _ _ _ _

ISQ préfixe :

*Coller l'étiquette code
barres ici.*

Health Questionnaire CARTAGENE

Start time

Instructions: e.g. 14:05

_ _ : _ _ Hours: Minutes

0. Cognition

0.1 Cognitive screening

0.1.1 Short Portable Mental Status Questionnaire

⇒ **Some of the following questions will be easy; others may be more difficult. They are all routine questions that we ask of everyone. Just answer all of them as best you can.**

		Correct	Error
C1	What is the date today (day month year)?	0 <input type="checkbox"/>	1 <input type="checkbox"/>
C2	What day of the week is it?	0 <input type="checkbox"/>	1 <input type="checkbox"/>
C3	What town or city are we in?	0 <input type="checkbox"/>	1 <input type="checkbox"/>
C4	What is your telephone number?	0 <input type="checkbox"/>	1 <input type="checkbox"/>
	<i>* ASK C4A INSTEAD OF C4 WHEN THE SUBJECT HAS NO TELEPHONE</i>		
C4A	What is your street address?	0 <input type="checkbox"/>	1 <input type="checkbox"/>
	<i>* ASK C4B INSTEAD OF C4 WHEN THE SUBJECT IS IN AN INSTITUTION</i>		
C4B	What is the name of this institution (residence, nursing home, long-term care hospital)?	0 <input type="checkbox"/>	1 <input type="checkbox"/>
C5	How old are you?	0 <input type="checkbox"/>	1 <input type="checkbox"/>
	<i>* RECORD SUBJECT'S AGE</i>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	
C6	What is your date of birth (day month year)?	0 <input type="checkbox"/>	1 <input type="checkbox"/>
	DAY MONTH YEAR		
	<i>* RECORD SUBJECT'S DATE OF BIRTH</i>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	
C7	What was your mother's maiden name (her name before she got married)?	0 <input type="checkbox"/>	1 <input type="checkbox"/>
C8	Who is the premier of Quebec?	0 <input type="checkbox"/>	1 <input type="checkbox"/>
C9	Who is the prime minister of Canada?	0 <input type="checkbox"/>	1 <input type="checkbox"/>
C10	Please name the days of the week backwards.	0 <input type="checkbox"/>	1 <input type="checkbox"/>
	✓ ✓ _____ Sunday Saturday Friday Thursday Wednesday Tuesday Monday		

TOTAL SCORE (total number of errors)

**ADD THE SCORES FOR QUESTIONS C1 TO C10*

10 /

IF THE SUBJECT SCORES BETWEEN **8 AND 10**, THIS INDICATES AN INCAPACITY TO GIVE CONSENT.
END INTERVIEW AND THANK PARTICIPANT.

Start time
Instructions: e.g. 14:05
_ _:_ _ Hours: Minutes

1. Individual health

1.1 Profile of general health

1.1.1 Perception of health/quality of life/Well-being

1.1.1.0) This survey deals with various aspects of your health. I'll be asking about such things as physical activity, social relationships and health status. By health, we mean not only the absence of disease or injury but also physical, mental and social well-being.

1.1.1.1) In general, would you say your health is?
Instructions: Read categories to respondent.
1= Excellent
2= Very good
3= Good
4= Fair
5= Poor
8= Prefer not to answer
9= Don't know

1.1.1.2) Compared to one year ago, how would you say your health is now, is it?
Instructions: Read categories to respondent.
1= Much better now than 1 year ago
2= Somewhat better now (than 1 year ago)
3= About the same as 1 year ago
4= Somewhat worse now (than 1 year ago)
5= Much worse (than 1 year ago)
8= Prefer not to answer
9= Don't know

1.1.1.3) How satisfied are you with your life in general?
Instructions: Read categories to respondent.
1= Very satisfied
2= Satisfied
3= Neither satisfied nor dissatisfied
4= Dissatisfied
5= Very dissatisfied
8= Prefer not to answer
9= Don't know

- 1.1.1.4) In general, would you say your mental health is?
Instructions: Read categories to respondent.
1= Excellent
2= Very good
3= Good
4= Fair
5= Poor
8= Prefer not to answer
9= Don't know
- 1.1.1.5) Thinking about the amount of stress in your life, would you say that most days are?
Instructions: Read categories to respondent.
0= Not at all stressful
1= Not very stressful
2= A bit stressful
3= Quite a bit stressful
4= Extremely stressful
8= Prefer not to answer
9= Don't know
- 1.1.1.6) Have you worked at a job or business at any time in the past 12 months?
0= No
1= Yes
8= Prefer not to answer
9= Don't know
Skip pattern:
If NO or PREFER NOT TO ANSWER or DON'T KNOW, go to 1.1.1.8
- 1.1.1.7) The next question is about your main job or business in the past 12 months. Would you say that most days at work were?
Instructions: Read categories to respondent.
0= Not at all stressful
1= Not very stressful
2= A bit stressful
3= Quite a bit stressful
4= Extremely stressful
8= Prefer not to answer
9= Don't know
- 1.1.1.8) How would you describe your sense of belonging to your local community? Would you say it is?
Instructions: Read categories to respondent.
1= Very strong
2= Somewhat strong
3= Somewhat weak
4= Very weak
8= Prefer not to answer
9= Don't know

1.1.1.9)

We are trying to find out what you think about your health. I will first ask you a few brief and simple questions about your own state of health today. I will then ask you to do a rather different task that involves rating your health on a measuring scale. I will explain the tasks fully as I go along but please interrupt me if you do not understand something or if things are not clear to you. Please also remember that there are no right or wrong answers. We are interested here only in your personal view.

First I am going to read out some questions. Each question has a choice of three answers. Please tell me which answer best describes your own state of health today.

Do not choose more than one answer in each group of questions.
Instructions: It may be necessary to remind the respondent regularly that the timeframe is «today».

1.1.1.10) I would like to ask you about mobility. Would you say you have?

Instructions: Read categories to respondent. One response only.

- 1= No problems in walking about
- 2= Some problems in walking about
- 3= Are you confined to bed
- 8= Prefer not to answer
- 9= Don't know

1.1.1.11) Next I'd like to ask you about self-care. Would you say you have?

Instructions: Read categories to respondent. One response only.

- 1= No problems with self-care
- 2= Some problems washing or dressing yourself
- 3= Are you unable to wash or dress yourself
- 8= Prefer not to answer
- 9= Don't know

1.1.1.12) I'd like to ask you about your usual activities, for example work, study, housework, family or leisure activities. Would you say you have?

Instructions: Read categories to respondent. One response only.

- 1= No problems with performing your usual activities
- 2= Some problems with performing your usual activities
- 3= Are you unable to perform your usual activities
- 8888= Prefer not to answer
- 9999= Don't know

1.1.1.13) I'd like to ask you about pain or discomfort. Would you say you have?

Instructions: Read categories to respondent. One response only.

- 1= No pain or discomfort
- 2= Moderate pain or discomfort
- 3= Extreme pain or discomfort
- 8= Prefer not to answer
- 9= Don't know

1.1.1.14) I'd like to ask you about anxiety or depression. Would you say you are?

Instructions: Read categories to respondent. One response only.

- 1= Not anxious or depressed
- 2= Moderately anxious or depressed
- 3= Extremely anxious or depressed
- 8= Prefer not to answer
- 9= Don't know

1.1.1.15) I would now like to ask you to do a rather different task.

Instructions:

- 1) Place laminated "Visual Scale" Sheet in front of participant with a dry erase marker (see scale at the end of the document).
- 2) Read instructions on sheet to participant: To help people say how good or bad their state of health is, we have drawn a scale (rather like a thermometer) on which the best state you can imagine is marked 100 and the worst state you can imagine is marked 0. We would like you to indicate on this scale how good or bad your own health is today, in your opinion. Please do this by drawing a line from the box below to whichever point on the scale indicates how good or bad your state of health is today.
- 3) Enter result (e.g.: 84).
- 4) Erase dry ink from sheet and store for future use.

___ Health state
888= Prefer not to answer
999= Don't know

End/ Start time

Instructions: e.g. 14:05

__ :__ Hours: Minutes

2. Organic functions - Anatomic structures- Pathology - Symptoms

2.1 Health status and history (ICD10)

2.1.1 Endocrine, nutritional and metabolic diseases (IV;E00-E90)

2.1.1.0) Now, I'd like to ask about certain chronic health conditions which you may have or had.

2.1.1.1) Has a doctor ever told you that you had diabetes?

0= No

1= Yes

8= Prefer not to answer

9= Don't know

Skip pattern:

If YES and FEMALE go to 2.1.1.2

If YES and MALE go to 2.1.1.3

Otherwise, go to 2.1.1.6

2.1.1.2) Did you ONLY have diabetes during pregnancy?

0= No

1= Yes

8= Prefer not to answer

9= Don't know

Skip pattern:

If YES, go to 2.1.1.6

Otherwise, go to 2.1.1.3

2.1.1.3) Do you have Type 1 or Type 2 Diabetes?

Instructions:

In type 1 diabetes (formerly called juvenile-onset or insulin-dependent diabetes), the body's immune system destroys the cells that release insulin, eventually eliminating insulin production from the body. People with type 1 diabetes have a total lack of insulin.

Type 2 diabetes (formerly called mature-onset or non-insulin-dependent diabetes) can develop at any age, but most commonly becomes apparent during adulthood mostly due to obesity. Type 2 diabetes is primarily characterized by insulin resistance in muscle, heart and adipose tissues (fat tissues). Patients with type 2 diabetes have too little insulin or cannot use insulin effectively.

1= Type 1

2= Type 2

8= Prefer not to answer

9= Don't know

2.1.1.4) What was your age when the diabetes was first diagnosed? Or, in what year was it diagnosed?
Instructions: Age: MAX: 71, Date: MIN: 1937, MAX: 2008

___ Age (nb. years)
88= Prefer not to answer
99= Don't know

_____ Date (year)
8888= Prefer not to answer
9999= Don't know

2.1.1.5) Did you start insulin within one year of your diagnosis of diabetes?

0= No
1= Yes
8= Prefer not to answer
9= Don't know

2.1.1.6) Has a doctor ever told you that you had thyroid condition?

0= No
1= Yes
8= Prefer not to answer
9= Don't know

Skip pattern:
If NO or PREFER NOT TO ANSWER
OR
DON'T KNOW, go to 2.1.1.8

2.1.1.7) What was your age when thyroid condition was first diagnosed? Or, in what year was it diagnosed?
Instructions: Age: MAX: 71, Date: MIN: 1937, MAX: 2008

___ Age (nb. years)
88= Prefer not to answer
99= Don't know

_____ Date (year)
8888= Prefer not to answer
9999= Don't know

2.1.1.8) Have you ever had your blood cholesterol measured?

0= No
1= Yes
8= Prefer not to answer
9= Don't know

Skip pattern:
If NO or PREFER NOT TO ANSWER
OR
DON'T KNOW, go to 2.1.2.1

2.1.1.9) Has a doctor ever told you that your blood cholesterol was high?

0= No

1= Yes

8= Prefer not to answer

9= Don't know

Skip pattern:

If NO or PREFER NOT TO ANSWER

OR

DON'T KNOW, go to 2.1.2.1

2.1.1.10) What was your age when high blood cholesterol was first diagnosed? Or, in what year was it diagnosed?

Instructions: Age: MAX: 71, Date: MIN: 1937, MAX: 2008

___ Age (nb. years)

88= Prefer not to answer

99= Don't know

_____ Date (year)

8888= Prefer not to answer

9999= Don't know

2.1.2 Diseases of the circulatory system (IX;I00-I99)

2.1.2.1) Has a doctor ever told you that you had high blood pressure?

0= No

1= Yes

8= Prefer not to answer

9= Don't know

Skip pattern:

If NO or PREFER NOT TO ANSWER

OR

DON'T KNOW, go to 2.1.2.3

2.1.2.2) What was your age when high blood pressure was first diagnosed? Or, in what year was it diagnosed?

Instructions: Age: MAX: 71, Date: MIN: 1937, MAX: 2008

___ Age (nb. years)

88= Prefer not to answer

99= Don't know

_____ Date (year)

8888= Prefer not to answer

9999= Don't know

- 2.1.2.3) Has a doctor ever told you that you had angina?
Instructions: Angina is chest pain or discomfort that occurs when heart muscle doesn't get enough blood.
0= No
1= Yes
8= Prefer not to answer
9= Don't know
Skip pattern:
If NO or PREFER NOT TO ANSWER
OR
DON'T KNOW, go to 2.1.2.5
- 2.1.2.4) What was your age when angina was first diagnosed? Or, in what year was it diagnosed?
Instructions: Age: MAX: 71, Date: MIN: 1937, MAX: 2008
- ___ Age (nb. years)
88= Prefer not to answer
99= Don't know
- _____ Date (year)
8888= Prefer not to answer
9999= Don't know
- 2.1.2.5) Do you ever have any pain or discomfort in your chest?
0= No
1= Yes
8= Prefer not to answer
9= Don't know
Skip pattern:
If NO or PREFER NOT TO ANSWER
OR
DON'T KNOW, go to 2.1.2.8
- 2.1.2.6) When you walk at an ordinary pace on the level does this produce the pain?
0= No
1= Yes
8= Prefer not to answer
9= Don't know
- 2.1.2.7) When you walk uphill or hurry does this produce the pain?
0= No
1= Yes
8= Prefer not to answer
9= Don't know

2.1.2.8) Has a doctor ever told you that you have had a stroke?
Instructions: Stroke is a thrombosis, a CVA (cerebro-vascular accident), a clot in the brain, TIA (transient ischemic attack).

0= No

1= Yes

8= Prefer not to answer

9= Don't know

Skip pattern:

If NO or PREFER NOT TO ANSWER

OR

DON'T KNOW, go to 2.1.2.10

2.1.2.9) What was your age when you first had a stroke? Or, in what year did it happen?

Instructions: Age: MAX: 71, Date: MIN: 1937, MAX: 2008

___ Age (nb. years)

88= Prefer not to answer

99= Don't know

_____ Date (year)

8888= Prefer not to answer

9999= Don't know

2.1.2.10) Has a doctor ever told you that you have had a myocardial infarction, often called a heart attack?

0= No

1= Yes

8= Prefer not to answer

9= Don't know

Skip pattern: If NO or PREFER NOT TO ANSWER, go to 2.1.2.12

2.1.2.11) What was your age when you first had a myocardial infarction or heart attack? Or, in what year did it happen?

Instructions: Age: MAX: 71, Date: MIN: 1937, MAX: 2008

___ Age (nb. years)

88= Prefer not to answer

99= Don't know

_____ Date (year)

8888= Prefer not to answer

9999= Don't know

2.1.2.12) Has a doctor ever told you that you had other heart diseases?

Instructions: Heart disease means cardiac problems

0= No

1= Yes

8= Prefer not to answer

9= Don't know

Skip pattern:

If NO or PREFER NOT TO ANSWER

OR

DON'T KNOW, go to 2.1.3.1

2.1.2.13) What was your age when you first had the heart disease? Or, in what year did it happen?

Instructions: Age: MAX: 71, Date: MIN: 1937, MAX: 2008

___ Age (nb. years)

88= Prefer not to answer

99= Don't know

_____ Date (year)

8888= Prefer not to answer

9999= Don't know

2.1.3 Diseases of the respiratory system (X;J00-J99)

2.1.3.1) Has a doctor ever told you that you had chronic bronchitis or emphysema?

0= No

1= Yes

8= Prefer not to answer

9= Don't know

Skip pattern:

If NO or PREFER NOT TO ANSWER

OR

DON'T KNOW, go to 2.1.3.3

2.1.3.2) What was your age when chronic bronchitis or emphysema was first diagnosed? Or, in what year was it diagnosed?

Instructions: Age: MAX: 71, Date: MIN: 1937, MAX: 2008

___ Age (nb. years)

88= Prefer not to answer

99= Don't know

_____ Date (year)

8888= Prefer not to answer

9999= Don't know

- 2.1.3.3) Has a doctor ever told you that you had asthma?
 0= No
 1= Yes
 8= Prefer not to answer
 9= Don't know
 Skip pattern:
 If NO or PREFER NOT TO ANSWER
 OR
 DON'T KNOW, go to 2.1.3.5
- 2.1.3.4) What was your age when asthma was first diagnosed? Or, in what year was it diagnosed?
 Instructions: Age: MAX: 71, Date: MIN: 1937, MAX: 2008

 ___ Age (nb. years)
 88= Prefer not to answer
 99= Don't know

 ____ Date (year)
 8888= Prefer not to answer
 9999= Don't know
- 2.1.3.5) Has a doctor ever told you that you had allergies?
 0= No
 1= Yes
 8= Prefer not to answer
 9= Don't know
 Skip pattern:
 If NO or PREFER NOT TO ANSWER
 OR
 DON'T KNOW, go to 2.1.4.1
- 2.1.3.6) What kinds of allergies were they?
 Instructions: Read categories to respondent. Mark all that apply.
 01= Animals
 02= Food
 03= Medication
 04= Pollen
 05= Metal - Jewellery
 06= Insect strings, bites
 07= Latex
 08= Other - Specify: _____
 88= Prefer not to answer
 99= Don't know

2.1.3.7) What was your age when allergies were first diagnosed? Or, in what year were they diagnosed?
Instructions: Age: MAX: 71, Date: MIN: 1937, MAX: 2008

___ Age (nb. years)
88= Prefer not to answer
99= Don't know

_____ Date (year)
8888= Prefer not to answer
9999= Don't know

2.1.4 Neoplasms (II;C00-D48)

2.1.4.1) Has a doctor ever told you that you had cancer?

0= No
1= Yes
8= Prefer not to answer
9= Don't know
Skip pattern:
If NO or PREFER NOT TO ANSWER
OR
DON'T KNOW, go to 2.1.5.1

2.1.4.2) What kind of cancer was it?

Instructions:
06 and 14= Only possible for women
05= Only possible for men

01= Breast
02= Colon
03= Bronchus and lung
04= Liver
05= Prostate
06= Ovary
07= Pancreas
08= Stomach
09= Oesophagus
10= Larynx
11= Trachea
12= Rectum
13= Skin
14= Cervix/ Uterus
15= Kidney
16= Bladder
17= Brain
18= Thyroid
19= Non-Hodgkin's lymphoma
20= Leukaemia
21= Others, specify _____
88= Prefer not to answer
99= Don't know

2.1.4.3) What was your age when the cancer was diagnosed? Or, in what year was it diagnosed?

Instructions: Age: MAX: 71, Date: MIN: 1937, MAX: 2008

___ Age (nb. years)

88= Prefer not to answer

99= Don't know

_____ Date (year)

8888= Prefer not to answer

9999= Don't know

2.1.4.4) If you then had another (different) cancer, what kind of cancer was it?

Instructions:

06 and 14= Only possible for women

05= Only possible for men

00= No second occurrence

01= Breast

02= Colon

03= Bronchus and lung

04= Liver

05= Prostate

06= Ovary

07= Pancreas

08= Stomach

09= Oesophagus

10= Larynx

11= Trachea

12= Rectum

13= Skin

14= Cervix/ Uterus

15= Kidney

16= Bladder

17= Brain

18= Thyroid

19= Non-Hodgkin's lymphoma

20= Leukaemia

21= Others, specify_____

88= Prefer not to answer

99= Don't know

Skip pattern: If NO SECOND occurrence, go to 2.1.5.1

2.1.4.5) What was your age when the cancer was diagnosed? Or, in what year was it diagnosed?

Instructions: Age: MAX: 71, Date: MIN: 1937, MAX: 2008

___ Age (nb. years)

88= Prefer not to answer

99= Don't know

_____ Date (year)

8888= Prefer not to answer

9999= Don't know

2.1.4.6) If you then had another (different) cancer, what kind of cancer was it?

Instructions:

06 and 14= Only possible for women

05= Only possible for men

00= No third occurrence

01= Breast

02= Colon

03= Bronchus and lung

04= Liver

05= Prostate

06= Ovary

07= Pancreas

08= Stomach

09= Oesophagus

10= Larynx

11= Trachea

12= Rectum

13= Skin

14= Cervix/ Uterus

15= Kidney

16= Bladder

17= Brain

18= Thyroid

19= Non-Hodgkin's lymphoma

20= Leukaemia

21= Others, specify _____

88= Prefer not to answer

99= Don't know

2.1.4.7) What was your age when the cancer was diagnosed? Or, in what year was it diagnosed

Instructions: Age: MAX: 71, Date: MIN: 1937, MAX: 2008

___ Age (nb. years)

88= Prefer not to answer

99= Don't know

_____ Date (year)

8888= Prefer not to answer

9999= Don't know

2.1.5 Diseases of the digestive system (XI;K00-K93)

2.1.5.1) Has a doctor ever told you that you had cirrhosis?

0= No
1= Yes
8= Prefer not to answer
9= Don't know
Skip pattern:
If NO or PREFER NOT TO ANSWER
OR
DON'T KNOW, go to 2.1.5.3

2.1.5.2) What was your age when cirrhosis was first diagnosed? Or, in what year was it diagnosed?

Instructions: Age: MAX: 71, Date: MIN: 1937, MAX: 2008

___ Age (nb. years)
88= Prefer not to answer
99= Don't know

_____ Date (year)
8888= Prefer not to answer
9999= Don't know

2.1.5.3) Has a doctor ever told you that you had chronic hepatitis?

0= No
1= Yes
8= Prefer not to answer
9= Don't know
Skip pattern:
If NO or PREFER NOT TO ANSWER
OR
DON'T KNOW, go to 2.1.5.5

2.1.5.4) What was your age when chronic hepatitis was first diagnosed? Or, in what year was it diagnosed?

Instructions: Age: MAX: 71, Date: MIN: 1937, MAX: 2008

___ Age (nb. years)
88= Prefer not to answer
99= Don't know

_____ Date (year)
8888= Prefer not to answer
9999= Don't know

2.1.5.5) Has a doctor ever told you that you had intestinal or stomach ulcers?

0= No

1= Yes

8= Prefer not to answer

9= Don't know

Skip pattern:

If NO or PREFER NOT TO ANSWER, go to 2.1.5.7

2.1.5.6) What was your age when intestinal or stomach ulcers was first diagnosed? Or, in what year was it diagnosed?

Instructions: Age: MAX: 71, Date: MIN: 1937, MAX: 2008

___ Age (nb. years)

88= Prefer not to answer

99= Don't know

_____ Date (year)

8888= Prefer not to answer

9999= Don't know

2.1.5.7) Has a doctor ever told you that you suffer from a bowel disorder such as Crohn's Disease, ulcerative colitis, Irritable Bowel Syndrome or bowel incontinence?

0= No

1= Yes

8= Prefer not to answer

9= Don't know

Skip pattern:

If NO or PREFER NOT TO ANSWER

OR

DON'T KNOW, go to 2.1.5.9

2.1.5.8) What was your age when a bowel disorder such as Crohn's Disease, ulcerative colitis, Irritable Bowel Syndrome or bowel incontinence was first diagnosed? Or, in what year was it diagnosed?

Instructions: Age: MAX: 71, Date: MIN: 1937, MAX: 2008

___ Age (nb. years)

88= Prefer not to answer

99= Don't know

_____ Date (year)

8888= Prefer not to answer

9999= Don't know

2.1.5.9) Has a doctor ever told you that you suffer from urinary incontinence?

0= No

1= Yes

8= Prefer not to answer

9= Don't know

Skip pattern:

If NO or PREFER NOT TO ANSWER or DON'T KNOW, go to 2.1.6.1

2.1.5.10) What was your age when urinary incontinence was first diagnosed? Or, in what year was it diagnosed?

Instructions: Age: MAX: 71, Date: MIN: 1937, MAX: 2008

___ Age (nb. years)

88= Prefer not to answer

99= Don't know

_____ Date (year)

8888= Prefer not to answer

9999= Don't know

2.1.6 Diseases of the skin and subcutaneous tissue (XII;L00-L99)

2.1.6.1) Has a doctor ever told you that you had eczema?

0= No

1= Yes

8= Prefer not to answer

9= Don't know

Skip pattern:

If NO or PREFER NOT TO ANSWER

OR

DON'T KNOW, go to 2.1.7.1

2.1.6.2) What was your age when eczema was first diagnosed? Or, in what year was it diagnosed?

Instructions: Age: MAX: 71, Date: MIN: 1937, MAX: 2008

___ Age (nb. years)

88= Prefer not to answer

99= Don't know

_____ Date (year)

8888= Prefer not to answer

9999= Don't know

2.1.7 Diseases of the musculoskeletal system and connective tissue
(XIII;M00-M99)

2.1.7.1) Has a doctor ever told you that you had osteoporosis?

0= No

1= Yes

8= Prefer not to answer

9= Don't know

Skip pattern:

If NO or PREFER NOT TO ANSWER

OR

DON'T KNOW, go to 2.1.7.3

2.1.7.2) What was your age when osteoporosis was first diagnosed? Or,
in what year was it diagnosed?

Instructions: Age: MAX: 71, Date: MIN: 1937, MAX: 2008

___ Age (nb. years)

88= Prefer not to answer

99= Don't know

_____ Date (year)

8888= Prefer not to answer

9999= Don't know

2.1.7.3) Has a doctor ever told you that you had arthritis, excluding
fibromyalgia?

0= No

1= Yes

8= Prefer not to answer

9= Don't know

Skip pattern:

If NO or PREFER NOT TO ANSWER

OR

DON'T KNOW, go to 2.1.7.5

2.1.7.4) What was your age when arthritis, excluding fibromyalgia was
first diagnosed? Or, in what year was it diagnosed?

Instructions: Age: MAX: 71, Date: MIN: 1937, MAX: 2008

___ Age (nb. years)

88= Prefer not to answer

99= Don't know

_____ Date (year)

8888= Prefer not to answer

9999= Don't know

2.1.7.5) Has a doctor ever told you that you had back problems, excluding fibromyalgia and arthritis?

0= No

1= Yes

8= Prefer not to answer

9= Don't know

Skip pattern:

If NO or PREFER NOT TO ANSWER

OR

DON'T KNOW, go to 2.1.8.1

2.1.7.6) What was your age when back problems, excluding fibromyalgia and arthritis was first diagnosed? Or, in what year was it diagnosed?

Instructions: Age: MAX: 71, Date: MIN: 1937, MAX: 2008

___ Age (nb. years)

88= Prefer not to answer

99= Don't know

_____ Date (year)

8888= Prefer not to answer

9999= Don't know

2.1.8 Diseases of the eye and adnexa (VII;H00-H59)

2.1.8.1) Has a doctor ever told you that you had glaucoma?

0= No

1= Yes

8= Prefer not to answer

9= Don't know

Skip pattern:

If NO or PREFER NOT TO ANSWER

OR

DON'T KNOW, go to 2.1.8.3

2.1.8.2) What was your age when glaucoma was first diagnosed? Or, in what year was it diagnosed?

Instructions: Age: MAX: 71, Date: MIN: 1937, MAX: 2008

___ Age (nb. years)

88= Prefer not to answer

99= Don't know

_____ Date (year)

8888= Prefer not to answer

9999= Don't know

- 2.1.8.3) Has a doctor ever told you that you had cataract?
 0= No
 1= Yes
 8= Prefer not to answer
 9= Don't know
 Skip pattern:
 If NO or PREFER NOT TO ANSWER
 OR
 DON'T KNOW, go to 2.1.8.5
- 2.1.8.4) What was your age when cataract was first diagnosed?
 Instructions Age: MAX: 71, Date: MIN: 1937, MAX: 2008
- ___ Age (nb. years)
 88= Prefer not to answer
 99= Don't know
- _____ Date (year)
 8888= Prefer not to answer
 9999= Don't know
- 2.1.8.5) Has a doctor ever told you that you had macular degeneration?
 0= No
 1= Yes
 8= Prefer not to answer
 9= Don't know
 Skip pattern:
 If NO or PREFER NOT TO ANSWER
 OR
 DON'T KNOW, go to 2.1.9.1
- 2.1.8.6) What was your age when macular degeneration was first diagnosed? Or, in what year was it diagnosed?
 Instructions: Age: MAX: 71, Date: MIN: 1937, MAX: 2008
- ___ Age (nb. years)
 88= Prefer not to answer
 99= Don't know
- _____ Date (year)
 8888= Prefer not to answer
 9999= Don't know

2.1.9 Mental and behavioural disorders (V;F00-F99)

2.1.9.1) Has a doctor ever told you that you had a mood disorder such as depression, bipolar disorder, mania or dysthymia?

Instructions: Dysthymia is a low-grade but chronic form of depression that lasts for more than two years.

0= No

1= Yes

8= Prefer not to answer

9= Don't know

Skip pattern:

If NO or PREFER NOT TO ANSWER

OR

DON'T KNOW, go to 2.1.10.1

2.1.9.2) What was your age when a mood disorder such as depression, bipolar disorder, mania or dysthymia was first diagnosed? Or, in what year was it diagnosed?

Instructions: Age: MAX: 71, Date: MIN: 1937, MAX: 2008

___ Age (nb. years)

88= Prefer not to answer

99= Don't know

_____ Date (year)

8888= Prefer not to answer

9999= Don't know

2.1.10 Diseases of the nervous system (VI;G00-G99)

2.1.10.1) Has a doctor ever told you that you had Parkinson's disease?

0= No

1= Yes

8= Prefer not to answer

9= Don't know

Skip pattern:

If NO or PREFER NOT TO ANSWER

OR

DON'T KNOW, go to 2.1.10.3

2.1.10.2) What was your age when Parkinson's disease was first diagnosed? Or, in what year was it diagnosed?
Instructions: Age: MAX: 71, Date: MIN: 1937, MAX: 2008

___ Age (nb. years)
88= Prefer not to answer
99= Don't know

_____ Date (year)
8888= Prefer not to answer
9999= Don't know

2.1.10.3) Has a doctor ever told you that you had epilepsy?

0= No
1= Yes
8= Prefer not to answer
9= Don't know
Skip pattern:
If NO or PREFER NOT TO ANSWER
OR
DON'T KNOW, go to 2.1.10.5

2.1.10.4) What was your age when epilepsy was first diagnosed? Or, in what year was it diagnosed?
Instructions: Age: MAX: 71, Date: MIN: 1937, MAX: 2008

___ Age (nb. years)
88= Prefer not to answer
99= Don't know

_____ Date (year)
8888= Prefer not to answer
9999= Don't know

2.1.10.5) Has a doctor ever told you that you had migraine headaches?

0= No
1= Yes
8= Prefer not to answer
9= Don't know
Skip pattern:
If NO or PREFER NOT TO ANSWER
OR
DON'T KNOW, go to 2.1.10.7

2.1.10.6) What was your age when migraine headaches was first diagnosed?
Or, in what year was it diagnosed?
Instructions: Age: MAX: 71, Date: MIN: 1937, MAX: 2008

___ Age (nb. years)
88= Prefer not to answer
99= Don't know

_____ Date (year)
8888= Prefer not to answer
9999= Don't know

2.1.10.7) Has a doctor ever told you that you had Alzheimer's Disease or any other dementia?

0= No
1= Yes
8= Prefer not to answer
9= Don't know
Skip pattern:
If NO or PREFER NOT TO ANSWER
OR
DON'T KNOW, go to 2.1.11.1

2.1.10.8) What was your age when Alzheimer's Disease or any other dementia was first diagnosed? Or, in what year was it diagnosed?

Instructions: Age: MAX: 71, Date: MIN: 1937, MAX: 2008

___ Age (nb. years)
88= Prefer not to answer
99= Don't know

_____ Date (year)
8888= Prefer not to answer
9999= Don't know

2.1.11 Other Disorders

2.1.11.1) Has a doctor ever told you that you had other major disorders?

0= No
1= Yes
8= Prefer not to answer
9= Don't know
Skip pattern:
If NO or PREFER NOT TO ANSWER
OR
DON'T KNOW, go to 2.1.12.1

- 2.1.11.2) What kind of disorder was it?
 Disorder 1: _____
 Open
- 2.1.11.3) If you had another major disorder, what was it?
 Disorder 2: _____
 Open
 No second disorder
 Skip pattern: If NO SECOND DISORDER, go to 2.1.12.1
- 2.1.11.4) If you had another major disorder, what was it?
 Disorder 3: _____
 Open
 No third disorder
 Skip pattern: If NO THIRD DISORDER, go to 2.1.12.1
- 2.1.11.5) If you had another major disorder, what was it?
 Disorder 4: _____
 Open
 No fourth disorder
 Skip pattern: If NO FOURTH DISORDER, go to 2.1.12.1
- 2.1.11.6) If you had another major disorder, what was it?
 Disorder 5: _____
 Open
 No fifth disorder
 Skip pattern: If NO FIFTH DISORDER, go to 2.1.12.1
- 2.1.12 Injury, poisoning and certain other consequences of external causes (XIX;S00-T98)
- 2.1.12.1) Has a doctor ever told you that you had fractured/broken any bones in adulthood?
 0= No
 1= Yes
 8= Prefer not to answer
 9= Don't know
 Skip pattern:
 If NO or PREFER NOT TO ANSWER
 OR
 DON'T KNOW, go to 2.2.1.1

2.1.12.2) What kind of fracture was it?

Instructions: Read categories to respondent.

- 1= Ankle
- 2= Leg
- 3= Hip
- 4= Spine
- 5= Wrist
- 6= Arm
- 7= Other- Specify:_____
- 8= Prefer not to answer
- 9= Don't know

2.1.12.3) What was your age when that fracture happened? Or, in what year did it happen?

Instructions: Age: MAX: 71, Date: MIN: 1937, MAX: 2008

___ Age (nb. years)

- 88= Prefer not to answer
- 99= Don't know

_____ Date (year)

- 8888= Prefer not to answer
- 9999= Don't know

2.1.12.4) Did the fracture result from a simple fall (i.e. from standing height)?

- 0= No
- 1= Yes
- 8= Prefer not to answer
- 9= Don't know

2.1.12.5) If you then had another (different) fracture what kind of fracture was it?

Instructions: Read categories to respondent.

- 0= No second occurrence
- 1= Ankle
- 2= Leg
- 3= Hip
- 4= Spine
- 5= Wrist
- 6= Arm
- 7= Other - Specify:_____
- 8= Prefer not to answer
- 9= Don't know

Skip pattern: If NO SECOND OCCURRENCE, go to 2.2.1.1

2.1.12.6) What was your age when that fracture happened? Or, in what year did it happen?

Instructions: Age: MAX: 71, Date: MIN: 1937, MAX: 2008

___ Age (nb. years)
88= Prefer not to answer
99= Don't know

_____ Date (year)
8888= Prefer not to answer
9999= Don't know

2.1.12.7) Did the fracture result from a simple fall (i.e. from standing height)?

0= No
1= Yes
8= Prefer not to answer
9= Don't know

2.1.12.8) If you then had another (different) fracture what kind of fracture was it?

Instructions: Read categories to respondent.

0= No third occurrence
1= Ankle
2= Leg
3= Hip
4= Spine
5= Wrist
6= Arm
7= Other - Specify: _____
8= Prefer not to answer
9= Don't know

Skip pattern: If NO THIRD OCCURRENCE, go to 2.2.1.1

2.1.12.9) What was your age when that fracture happened? Or, in what year did it happen?

Instructions: Age: MAX: 71, Date: MIN: 1937, MAX: 2008

___ Age (nb. years)
88= Prefer not to answer
99= Don't know

_____ Date (year)
8888= Prefer not to answer
9999= Don't know

2.1.12.10) Did the fracture result from a simple fall (i.e. from standing height)?
0= No
1= Yes
8= Prefer not to answer
9= Don't know

End/ Start time
Instructions: e.g. 14:05
_ _ :_ _ Hours: Minutes

2.2 Medical care system/procedures
2.2.1 Operations

2.2.1.1) Have you had any major operations?
Instructions: Major operation means different things to different people. It is better to be inclusive and to record all operations that are mentioned.
0= No
1= Yes
8= Prefer not to answer
9= Don't know
Skip pattern:
If NO or PREFER NOT TO ANSWER
OR
DON'T KNOW, go to 2.3.2.0

2.2.1.2) What kind of major operation was it?
Var 1:
Open _____

2.2.1.3) What was your age when you had your first major operation? Or, in what year did it happen?
Instructions: Age: MAX: 71, Date: MIN: 1937, MAX: 2008

___ Age (nb. years)
88= Prefer not to answer
99= Don't know

_____ Date (year)
8888= Prefer not to answer
9999= Don't know

- 2.2.1.4) If you had another major operation what was it?
 Var 1:
 Open _____
 Var 2:
 No second occurrence
 Skip pattern: If NO SECOND OCCURRENCE, go to 2.3.2.0
- 2.2.1.5) What was your age when you had your second major operation?
 Or, in what year did it happen?
 Instructions: Age: MAX: 71, Date: MIN: 1937, MAX: 2008
- ___ Age (nb. years)
 88= Prefer not to answer
 99= Don't know
- _____ Date (year)
 8888= Prefer not to answer
 9999= Don't know
- 2.2.1.6) If you had another major operation, what was it?
 Var 1:
 Open _____
 Var 2:
 No third occurrence
 Skip pattern: If NO THIRD OCCURRENCE, go to 2.3.2.0
- 2.2.1.7) What was your age when you had your third major operation? Or,
 in what year did it happen?
 Instructions: Age: MAX: 71, Date: MIN: 1937, MAX: 2008
- ___ Age (nb. years)
 88= Prefer not to answer
 99= Don't know
- _____ Date (year)
 8888= Prefer not to answer
 9999= Don't know

End/ Start time
 Instructions: e.g. 14:05
 _ _ :_ _ Hours: Minutes

2.3 Familial Risk (Familial diseases history)

2.3.2 Familial Risk (Familial diseases history)

2.3.2.0) We would like to find out if certain diseases are common in your biological family. Please tell us if you know that blood relatives in your immediate family, first and second degree, have been diagnosed with any of the following conditions. Your immediate family, first and second degree, includes your mother and father, your uncles and your aunts, your brothers and sisters, your biological children, and your grandparents. They do NOT include relatives by marriage, stepbrothers and stepsisters, parents by adoption, stepchildren, adopted children.

Instructions:

Please complete the following table. Use the scrolling menu to identify the cancer types.

2.3.2.1) Has any of your parents, siblings, children, grand-parents or aunts and uncles ever had the following diseases?

Instructions: Stroke is a thrombosis, a CVA (cerebro-vascular accident), a clot in the brain, TIA (transient ischemic attack). Myocardial infarction is a heart attack. Cancer 06 and 14 = Only possible for women, 05 = Only possible for men
In the following table PNA means «PREFER NOT TO ANSWER» and DK means «DON'T KNOW»

DISEASE	MOTHER	FATHER	SIBLINGS	CHILDREN	GRAND PARENTS	AUNTS AND UNCLE
DIABETES	0= No 1= Yes 8= Prefer not to answer 9= Don't know	0= No 1= Yes 8= Prefer not to answer 9= Don't know	_Number 88= Prefer not to answer 99= Don't know	_Number 88= Prefer not to answer 99= Don't know	_Number 88= Prefer not to answer 99= Don't know	_Number 88= Prefer not to answer 99= Don't know
HIGH BLOOD PRESSURE	0= No 1= Yes 8= PNA 9= DK	0= No 1= Yes 8= PNA 9= DK	___Number 88= PNA 99= DK	___Number 88= PNA 99= DK	___Number 88= PNA 99= DK	___Number 88= PNA 99= DK
STROKE	0= No 1= Yes 8= PNA 9= DK	0= No 1= Yes 8= PNA 9= DK	___Number 88= PNA 99= DK	___Number 88= PNA 99= DK	___Number 88= PNA 99= DK	___Number 88= PNA 99= DK
MYOCARDIAL INFARCTION	0= No 1= Yes 8= PNA 9= DK	0= No 1= Yes 8= PNA 9= DK	___Number 88= PNA 99= DK	___Number 88= PNA 99= DK	___Number 88= PNA 99= DK	___Number 88= PNA 99= DK
CANCER TYPE 1 00= Set by default 01= Breast 02= Colon 03= Bronchus and lung 04= Liver 05= Prostate 06= Ovary 07= Pancreas 08= Stomach 09= Oesophagus 10= Larynx 11= Trachea 12= Rectum 13= Skin 14= Cervix/ Uterus 15= Kidney 16= Bladder 17= Brain 18= Thyroid 19= Non-Hodgkin's lymphoma 20= Leukaemia 21= Others - Specify: _____	0= No 1= Yes 8= PNA 9= DK	0= No 1= Yes 8= PNA 9= DK	___Number 88= PNA 99= DK	___Number 88= PNA 99= DK	___Number 88= PNA 99= DK	___Number 88= PNA 99= DK

DISEASE	MOTHER	FATHER	SIBLINGS	CHILDREN	GRAND PARENTS	AUNTS AND UNCLAS
CANCER TYPE 2 00= Set by default 01= Breast 02= Colon 03= Bronchus and lung 04= Liver 05= Prostate 06= Ovary 07= Pancreas 08= Stomach 09= Oesophagus 10= Larynx 11= Trachea 12= Rectum 13= Skin 14= Cervix/ Uterus 15= Kidney 16= Bladder 17= Brain 18= Thyroid 19= Non-Hodgkin's lymphoma 20= Leukaemia 21= Others - Specify: _____	0= No 1= Yes 8= PNA 9= DK	0= No 1= Yes 8= PNA 9= DK	____Number 88= PNA 99= DK	____Number 88= PNA 99= DK	____Number 88= PNA 99= DK	____Number 88= PNA 99= DK
CANCER TYPE 3 00= Set by default 01= Breast 02= Colon 03= Bronchus and lung 04= Liver 05= Prostate 06= Ovary 07= Pancreas 08= Stomach 09= Oesophagus 10= Larynx 11= Trachea 12= Rectum 13= Skin 14= Cervix/ Uterus 15= Kidney 16= Bladder 17= Brain 18= Thyroid 19= Non-Hodgkin's lymphoma 20= Leukaemia 21= Others - Specify: _____	0= No 1= Yes 8= PNA 9= DK	0= No 1= Yes 8= PNA 9= DK	____Number 88= PNA 99= DK	____Number 88= PNA 99= DK	____Number 88= PNA 99= DK	____Number 88= PNA 99= DK

DISEASE	MOTHER	FATHER	SIBLINGS	CHILDREN	GRAND PARENTS	AUNTS AND UNCLAS
CANCER TYPE 4 00= Set by default 01= Breast 02= Colon 03= Bronchus and lung 04= Liver 05= Prostate 06= Ovary 07= Pancreas 08= Stomach 09= Oesophagus 10= Larynx 11= Trachea 12= Rectum 13= Skin 14= Cervix/ Uterus 15= Kidney 16= Bladder 17= Brain 18= Thyroid 19= Non-Hodgkin's lymphoma 20= Leukaemia 21= Others - Specify: _____	0= No 1= Yes 8= PNA 9= DK	0= No 1= Yes 8= PNA 9= DK	____Number 88= PNA 99= DK	____Number 88= PNA 99= DK	____Number 88= PNA 99= DK	____Number 88= PNA 99= DK
CANCER TYPE 5 00= Set by default 01= Breast 02= Colon 03= Bronchus and lung 04= Liver 05= Prostate 06= Ovary 07= Pancreas 08= Stomach 09= Oesophagus 10= Larynx 11= Trachea 12= Rectum 13= Skin 14= Cervix/ Uterus 15= Kidney 16= Bladder 17= Brain 18= Thyroid 19= Non-Hodgkin's lymphoma 20= Leukaemia 21= Others - Specify: _____	0= No 1= Yes 8= PNA 9= DK	0= No 1= Yes 8= PNA 9= DK	____Number 88= PNA 99= DK	____Number 88= PNA 99= DK	____Number 88= PNA 99= DK	____Number 88= PNA 99= DK

DISEASE	MOTHER	FATHER	SIBLINGS	CHILDREN	GRAND PARENTS	AUNTS AND UNCLAS
<p>CANCER TYPE 6</p> <p>00= Set by default 01= Breast 02= Colon 03= Bronchus and lung 04= Liver 05= Prostate 06= Ovary 07= Pancreas 08= Stomach 09= Oesophagus 10= Larynx 11= Trachea 12= Rectum 13= Skin 14= Cervix/ Uterus 15= Kidney 16= Bladder 17= Brain 18= Thyroid 19= Non-Hodgkin's lymphoma 20= Leukaemia 21= Others - Specify: _____</p>	<p>0= No 1= Yes 8= PNA 9= DK</p>	<p>0= No 1= Yes 8= PNA 9= DK</p>	<p>____Number 88= PNA 99= DK</p>	<p>____Number 88= PNA 99= DK</p>	<p>____Number 88= PNA 99= DK</p>	<p>____Number 88= PNA 99= DK</p>
<p>CANCER TYPE 7</p> <p>00= Set by default 01= Breast 02= Colon 03= Bronchus and lung 04= Liver 05= Prostate 06= Ovary 07= Pancreas 08= Stomach 09= Oesophagus 10= Larynx 11= Trachea 12= Rectum 13= Skin 14= Cervix/ Uterus 15= Kidney 16= Bladder 17= Brain 18= Thyroid 19= Non-Hodgkin's lymphoma 20= Leukaemia 21= Others - Specify: _____</p>	<p>0= No 1= Yes 8= PNA 9= DK</p>	<p>0= No 1= Yes 8= PNA 9= DK</p>	<p>____Number 88= PNA 99= DK</p>	<p>____Number 88= PNA 99= DK</p>	<p>____Number 88= PNA 99= DK</p>	<p>____Number 88= PNA 99= DK</p>

DISEASE	MOTHER	FATHER	SIBLINGS	CHILDREN	GRAND PARENTS	AUNTS AND UNCLAS
<p>CANCER TYPE 8</p> <p>00= Set by default 01= Breast 02= Colon 03= Bronchus and lung 04= Liver 05= Prostate 06= Ovary 07= Pancreas 08= Stomach 09= Oesophagus 10= Larynx 11= Trachea 12= Rectum 13= Skin 14= Cervix/ Uterus 15= Kidney 16= Bladder 17= Brain 18= Thyroid 19= Non-Hodgkin's lymphoma 20= Leukaemia 21= Others - Specify: _____</p>	<p>0= No 1= Yes 8= PNA 9= DK</p>	<p>0= No 1= Yes 8= PNA 9= DK</p>	<p>____Number 88= PNA 99= DK</p>	<p>____Number 88= PNA 99= DK</p>	<p>____Number 88= PNA 99= DK</p>	<p>____Number 88= PNA 99= DK</p>
<p>CANCER TYPE 9</p> <p>00= Set by default 01= Breast 02= Colon 03= Bronchus and lung 04= Liver 05= Prostate 06= Ovary 07= Pancreas 08= Stomach 09= Oesophagus 10= Larynx 11= Trachea 12= Rectum 13= Skin 14= Cervix/ Uterus 15= Kidney 16= Bladder 17= Brain 18= Thyroid 19= Non-Hodgkin's lymphoma 20= Leukaemia 21= Others - Specify: _____</p>	<p>0= No 1= Yes 8= PNA 9= DK</p>	<p>0= No 1= Yes 8= PNA 9= DK</p>	<p>____Number 88= PNA 99= DK</p>	<p>____Number 88= PNA 99= DK</p>	<p>____Number 88= PNA 99= DK</p>	<p>____Number 88= PNA 99= DK</p>

DISEASE	MOTHER	FATHER	SIBLINGS	CHILDREN	GRAND PARENTS	AUNTS AND UNCLAS
CANCER TYPE 10 00= Set by default 01= Breast 02= Colon 03= Bronchus and lung 04= Liver 05= Prostate 06= Ovary 07= Pancreas 08= Stomach 09= Oesophagus 10= Larynx 11= Trachea 12= Rectum 13= Skin 14= Cervix/ Uterus 15= Kidney 16= Bladder 17= Brain 18= Thyroid 19= Non-Hodgkin's lymphoma 20= Leukaemia 21= Others - Specify: _____	0= No 1= Yes 8= PNA 9= DK	0= No 1= Yes 8= PNA 9= DK	_____Number 88= PNA 99= DK	_____Number 88= PNA 99= DK	_____Number 88= PNA 99= DK	_____Number 88= PNA 99= DK
Other major disorders 1 - Specify: _____	0= No 1= Yes 8= PNA 9= DK	0= No 1= Yes 8= PNA 9= DK	_____Number 88= PNA 99= DK	_____Number 88= PNA 99= DK	_____Number 88= PNA 99= DK	_____Number 88= PNA 99= DK
Other major disorders 2 - Specify: _____	0= No 1= Yes 8= PNA 9= DK	0= No 1= Yes 8= PNA 9= DK	_____Number 88= PNA 99= DK	_____Number 88= PNA 99= DK	_____Number 88= PNA 99= DK	_____Number 88= PNA 99= DK
Other major disorders 3 - Specify: _____	0= No 1= Yes 8= PNA 9= DK	0= No 1= Yes 8= PNA 9= DK	_____Number 88= PNA 99= DK	_____Number 88= PNA 99= DK	_____Number 88= PNA 99= DK	_____Number 88= PNA 99= DK

- 2.3.2.2) Is your mother still living?
 0= No
 1= Yes
 8= Prefer not to answer
 9= Don't know
 Skip pattern: If YES, go to 2.3.10.3
- 2.3.2.3) What was the reason of her death?
 Instructions: Read categories to respondent. A trauma is a serious or critical bodily injury, wound, or shock.
 1= Heart disease
 2= Stroke
 3= Cancer
 4= Trauma/accident
 5= Other - Specify:_____
- 8= Prefer not to answer
 9= Don't know
- 2.3.2.4) Is your father still living?
 0= No
 1= Yes
 8= Prefer not to answer
 9= Don't know
 Skip pattern: If YES, go to 2.4.1.0
- 2.3.2.5) What was the reason of his death?
 Instructions: Read categories to respondent. A trauma is a serious or critical bodily injury, wound, or shock.
 1= Heart disease
 2= Stroke
 3= Cancer
 4= Trauma/accident
 5= Other -Specify:_____
- 8= Prefer not to answer
 9= Don't know

End/ Start time
 Instructions: e.g. 14:05
 _ _ :_ _ Hours: Minutes

2.4 Medication intake
2.4.1 Prescribed

Now I will be collecting the names of the prescribed medications you are currently taking.

2.4.1.0) Would you please hand me the bottles and containers of your prescribed medication so I can write down the name of these products?

Instructions: With direct access to the medications, write down the commercial name of all the prescribed medications currently taken by the participant. If not possible, ask the participants.

Skip pattern:

If NO PRESCRIBED MEDICATION

FEMALE go to 2.5.1.1

MALE 2.6.1.1

2.4.1.1) Medication 1: _____

Open

Skip pattern:

If NO SECOND PRESCRIBED MEDICATION

FEMALE go to 2.5.1.1

MALE 2.6.1.1

2.4.1.3) Medication 2: _____

Open

Skip pattern:

If NO 3rd PRESCRIBED MEDICATION

FEMALE go to 2.5.1.1

MALE 2.6.1.1

2.4.1.4) Medication 3: _____

Open

Skip pattern:

If NO 4th PRESCRIBED MEDICATION

FEMALE go to 2.5.1.1

MALE 2.6.1.1

2.4.1.5) Medication 4: _____

Open

Skip pattern:

If NO 5th PRESCRIBED MEDICATION

FEMALE go to 2.5.1.1

MALE 2.6.1.1

2.4.1.6) Medication 5: _____
Open
Skip pattern:
If NO 6th PRESCRIBED MEDICATION
FEMALE go to 2.5.1.1
MALE 2.6.1.1

2.4.1.7) Medication 6: _____
Open
Skip pattern:
If NO 7th PRESCRIBED MEDICATION
FEMALE go to 2.5.1.1
MALE 2.6.1.1

2.4.1.8) Medication 7: _____
Open
Skip pattern:
If NO 8th PRESCRIBED MEDICATION
FEMALE go to 2.5.1.1
MALE 2.6.1.1

2.4.1.9) Medication 8: _____
Open
Skip pattern:
If NO 9th PRESCRIBED MEDICATION
FEMALE go to 2.5.1.1
MALE 2.6.1.1

2.4.1.10) Medication 9: _____
Open
Skip pattern:
If NO 10th PRESCRIBED MEDICATION
FEMALE go to 2.5.1.1
MALE 2.6.1.1

2.4.1.11) Medication 10: _____
Open
Skip pattern:
If FEMALE go to 2.5.1.1
If MALE go to 2.6.1.1

End/ Start time
Instructions: e.g. 14:05
_ _ :_ _ Hours: Minutes

2.5 Women's Health
2.5.1 Menstruation

2.5.1.0) Now, some questions about women's health.
Skip pattern: If MALE go to 2.6.1.1

2.5.1.1) Have you ever had menstrual periods?
0= No
1= Yes
8= Prefer not to answer
9= Don't know
Skip pattern:
If NO or PREFER NOT TO ANSWER
OR
DON'T KNOW, go to 2.5.2.1

2.5.1.2) What was your age when your menstrual periods started? Or, in what year did they start?

___ Age (nb. years)
88= Prefer not to answer
99= Don't know

_____ Date (year)
8888= Prefer not to answer
9999= Don't know

2.5.2 Contraception

2.5.2.1) Have you ever taken the contraceptive pill?
0= No
1= Yes
8= Prefer not to answer
9= Don't know
Skip pattern:
If NO or PREFER NOT TO ANSWER
OR
DON'T KNOW, go to 2.5.3.1

2.5.2.2) What was your age when you first went on the contraceptive pill? Or, in what year did you first use it?

___ Age (nb. years)
88= Prefer not to answer
99= Don't know

_____ Date (year)
8888= Prefer not to answer
9999= Don't know

2.5.2.3) What was your age when you last used a contraceptive pill? Or, in what year did you last use it?

___ Age (nb. years)

77= Still taking the pill

88= Prefer not to answer

99= Don't know

_____ (year)

7777= Still taking the pill

8888= Prefer not to answer

9999= Don't know

2.5.3 Menopause

2.5.3.1) Have you had your menopause (menstrual periods stopped)?

Instructions: Read categories to respondent.

0= No

1= Yes

2= Cannot answer because taking hormone therapy or had hysterectomy

8= Prefer not to answer

9= Don't know

Skip pattern:

If NO or PREFER NOT TO ANSWER

OR

DON'T KNOW, go to 2.5.3.3

2.5.3.2) What was your age when your menstrual periods stopped? Or, in what year did they stop?

___ Age (nb. years)

88= Prefer not to answer

99= Don't know

_____ Date (year)

8888= Prefer not to answer

9999= Don't know

2.5.3.3) Have you ever used hormone replacement therapy (HRT)?

0= No

1= Yes

8= Prefer not to answer

9= Don't know

Skip pattern:

If NO or PREFER NOT TO ANSWER

OR

DON'T KNOW, go to 2.5.4.1

2.5.3.4) What was your age when you first used hormone replacement therapy (HRT)? Or, in what year did you first use it?

___ Age (nb. years)
88= Prefer not to answer
99= Don't know

_____ Date (year)
8888= Prefer not to answer
9999= Don't know

2.5.3.5) What was your age when you last used hormone replacement therapy (HRT)? Or, in what year did you last use it?

___ Age (nb. years)
77= Still taking HRT
88= Prefer not to answer
99= Don't know

_____ Date (year)
7777= Still taking HRT
8888= Prefer not to answer
9999= Don't know

2.5.4 Child

2.5.4.1) How many children have you given birth to?

Instructions: Live or still births

___ Number
88= Prefer not to answer
99= Don't know
Skip pattern:
If NO or PREFER NOT TO ANSWER
OR
DON'T KNOW, go to 2.7.1.1

2.5.4.2) What was your age when you first gave birth? Or, in what year did it happen?

Instructions: Live or still births, MIN= 12, MAX= 60

___ Age (nb. years)
88= Prefer not to answer
99= Don't know

_____ Date (year)
8888= Prefer not to answer
9999= Don't know

2.5.4.3) How old were you when you had your last child? Or, in what year did it happen?
Instructions: Live or still births, MIN= 12, MAX= 60

___ Age (nb. years)
88= Prefer not to answer
99= Don't know

_____ Date (year)
8888= Prefer not to answer
9999= Don't know

2.5.5 Breast Feeding

2.5.5.1) Have you ever breastfed children?
Instructions: Read categories to respondent.

0= No
1= Yes
2= Yes, I'm still breast feeding
8= Prefer not to answer
9= Don't know
Skip pattern:
If NO or PREFER NOT TO ANSWER
OR
DON'T KNOW, go to 2.7.1.1

2.5.5.2) How many children have you breastfed?
___ Number
88= Prefer not to answer
99= Don't know

2.5.5.3) What was the longest breast feeding period?
___ weeks
OR
___ months
OR
___ years
88= Prefer not to answer
99= Don't know

2.5.5.4) Have you ever had a breast cancer screening test?
0= No
1= Yes
8= Prefer not to answer
9= Don't know
Skip pattern:
If NO or PREFER NOT TO ANSWER
OR
DON'T KNOW, go to 2.5.3.1

2.5.5.5) What was your age when you last had a breast cancer screening test? Or, in what year did you last have the test?

___ Age (nb. years)

88= Prefer not to answer

99= Don't know

_____ Date (year)

8888= Prefer not to answer

9999= Don't know

Skip pattern: go to 2.7.1.1

End/ Start time

Instructions: e.g. 14:05

__ :__ Hours: Minutes

2.6 Men's Section

2.6.1 Children

2.6.1.1) How many biological children did you have?

___ Number

88= Prefer not to answer

99= Don't know

2.6.1.2) Have you ever had a prostate cancer screening test?

0= No

1= Yes

8= Prefer not to answer

9= Don't know

Skip pattern:

If NO or PREFER NOT TO ANSWER

OR

DON'T KNOW, go to 2.7.1.1

2.6.1.3) What was your age when you last had a prostate cancer screening test? Or, in what year did you last have the test?

___ Age (nb. years)

88= Prefer not to answer

99= Don't know

_____ Date (year)

8888= Prefer not to answer

9999= Don't know

End/ Start time

Instructions: e.g. 14:05

__ :__ Hours: Minutes

2.7 Neurological Health

2.7.1 Handedness

2.7.1.1) Are you more right or left handed?

1= Left

2= Right

3= Use both right and left hands equally

8= Prefer not to answer

9= Don't know

3. Factors of the individual

3.1 Life - Habits & Behaviors

3.1.1 Sleep

3.1.1.0) Now questions about sleep.

3.1.1.1) About how many hours of sleep do you get in every 24 hours?

Please include naps.

Instructions: MIN= 01, MAX= 18

___ Hours

88= Prefer not to answer

99= Don't know

3.1.1.2) How often do you have trouble going to sleep or staying asleep?

Instructions: Read categories to respondent.

0= None of the time

1= A little of the time

2= Some of the time

3= Most of the time

5= All of the time

8= Prefer not to answer

9= Don't know

3.1.1.3) Do you have a nap during the day?

Instructions: Read categories to respondent.

0= Never/Rarely

1= Sometimes

2= Usually

8= Prefer not to answer

9= Don't know

3.1.3 Nutritional Risk

3.1.3.0) Missing components until an agreement is concluded with NuAge.

3.1.4 Nutrition

3.1.4.0) Missing components until an agreement is concluded with NuAge.

3.1.5 Dietary Supplements

3.1.5.0) Missing components until an agreement is concluded with NuAge.

3.1.6 Smoking /Tobacco use

3.1.6.0) The next questions are about smoking.

3.1.6.1) In your lifetime, have you smoked a total of at least 100 cigarettes, cigars or pipes?

0= No

1= Yes

8= Prefer not to answer

9= Don't know

3.1.6.2) Do you currently smoke tobacco?

Instructions: Read categories to respondent.

2= Yes, on most or all days

1= Only occasionally

0= No

8= Prefer not to answer

9= Don't know

Skip pattern:

If ONLY OCCASIONALLY or NO or PREFER NOT TO ANSWER or DON'T KNOW, go to 3.1.6.7

3.1.6.3) How soon after waking do you smoke your first cigarette of the day?

___ hours

88= Prefer not to answer

99= Don't know

_____ minutes

8888= Prefer not to answer

9999= Don't know

- 3.1.6.4) About how many cigarettes do you smoke on average per day?
Include hand-rolled cigarettes if smoked.
___ Number of cigarettes
888= Prefer not to answer
999= Don't know
- 3.1.6.5) About how many cigars do you smoke on average per day?
___ Number of cigars
88= Prefer not to answer
99= Don't know
- 3.1.6.6) About how many pipes do you smoke on average per day?
___ Number of pipes
88= Prefer not to answer
99= Don't know
- 3.1.6.7) In the past, have you ever smoked tobacco?
Instructions: Read categories to respondent.
1= Ever smoked on most or all days
2= Smoked occasionally only
3= Just tried once or twice
4= Have never smoked
8= Prefer not to answer
9= Don't know
Skip pattern:
If NEVER or JUST TRIED ONCE OR TWICE or PREFER NOT TO ANSWER
or DON'T KNOW, go to 3.1.6.18
- 3.1.6.8) During the period you smoked the most, about how many
cigarettes did you smoke on average each day?
___ Number of cigarettes
888= Prefer not to answer
999= Don't know
Skip pattern:
If 0, go to 3.1.6.10
- 3.1.6.9) For how long did you smoke this amount of cigarettes?
___ Number of years
___ Number of months
88= Prefer not to answer
99= Don't know
- 3.1.6.10) During the period you smoked the most, about how many cigars
did you smoke on average each day?
___ Number of cigars
88= Prefer not to answer
99= Don't know
Skip pattern:
If 0, go to 3.1.6.12

- 3.1.6.11) For how long did you smoke this amount of cigars?
___ Number of years
___ Number of months
88= Prefer not to answer
99= Don't know
- 3.1.6.12) During the period you smoked the most, about how many pipes did you smoke on average each day?
___ Number of pipes
88= Prefer not to answer
99= Don't know
Skip pattern:
If 0, go to 3.1.6.14
- 3.1.6.13) For how long did you smoke this amount of pipes?
___ Number of years
___ Number of months
88= Prefer not to answer
99= Don't know
- 3.1.6.14) What was your age when you began to smoke daily? Or, in what year did you begin?

___ Age (nb. years)
88= Prefer not to answer
99= Don't know

____ Date (year)
8888= Prefer not to answer
9999= Don't know
- 3.1.6.15) In the time that you have smoked, have you ever stopped for 6 months or more and then started again?
0= No
1= Yes
8= Prefer not to answer
9= Don't know
Skip pattern:
If NO or PREFER NOT TO ANSWER
OR
DON'T KNOW, go to 3.1.6.17

3.1.6.16) During a total of how many years or months did you stop smoking and then took it up again?

- ___ Number of years
- ___ Number of months
- 88= Prefer not to answer
- 99= Don't know

3.1.6.17) What was your age when you last smoked on most days? Or, in what year did you stop?

- ___ Age (nb. years)
- 88= Prefer not to answer
- 99= Don't know

- _____ Date (year)
- 8888= Prefer not to answer
- 9999= Don't know

3.1.6.18) In the past, have you been exposed to other people's tobacco smoke for more than 2 hours/week?

- 0= No
 - 1= Yes
 - 8= Prefer not to answer
 - 9= Don't know
- Skip pattern:
If NO or PREFER NOT TO ANSWER
OR
DON'T KNOW, go to 3.1.7.0

3.1.6.19) At home, about how many hours per week are you exposed to other people's tobacco smoke?

- ___ Hours/week
- 888= Prefer not to answer
- 999= Don't know

3.1.6.20) Outside home (at work, during leisure time, etc), about how many hours per week are you exposed to other people's tobacco smoke?

- ___ Hours/week
- 888= Prefer not to answer
- 999= Don't know

3.1.7 Alcohol intake

3.1.7.0) Now, some questions about your alcohol consumption.

3.1.7.1) About how often do you drink alcohol?

Instructions: Read categories to respondent.

- 1= Daily or almost daily
- 2= Three or four times a week
- 3= Once or twice a week
- 4= One to three times a month
- 5= Special occasions only
- 6= Never
- 8= Prefer not to answer
- 9= Don't know

Skip pattern:

If NEVER or SPECIAL OCCASIONS ONLY or ONE TO THREE TIMES A MONTH or PREFER NOT TO ANSWER or DON'T KNOW, go to 3.1.7.6

3.1.7.2) On an average week, how many glasses of wine including red wine, white wine and sparkling wine do you drink?

- __ Number of glasses
- 88= Prefer not to answer
- 99= Don't know

3.1.7.3) On an average week how many bottles or glasses of beer do you drink?

- __Number of bottles or glasses
- 88= Prefer not to answer
- 99= Don't know

3.1.7.4) On an average week, how many measures, 1 and a 1/2 ounces, of spirits or liquors including whisky, gin, rum, vodka, brandy do you drink?

- __ Number of drinks (1 and a 1/2 ounces)
- 88= Prefer not to answer
- 99= Don't know

3.1.7.5) On an average week, how many glasses of other kind of alcohol including sake, cider do you drink?

- __ Number of drinks
- 88= Prefer not to answer
- 99= Don't know

- 3.1.7.6) Did you previously drink alcohol?
 0= No
 1= Yes
 8= Prefer not to answer
 9= Don't know
 Skip pattern:
 If NO or PREFER NOT TO ANSWER
 OR
 DON'T KNOW, go to 3. 1.8.0
- 3.1.7.7) During the time that you have been drinking alcohol did you ever stop drinking alcohol for 6 months or more?
 0= No
 1= Yes
 8= Prefer not to answer
 9= Don't know
 Skip pattern:
 If NO or PREFER NOT TO ANSWER
 OR
 DON'T KNOW, go to 3.1.8.0
- 3.1.7.8) What was your age when you stopped drinking alcohol for the last time? Or, in what year did you stop?
- ___ Age (nb. years)
 88= Prefer not to answer
 99= Don't know
- _____ Date (year)
 8888= Prefer not to answer
 9999= Don't know
- 3.1.7.9) Why did you stop drinking alcohol?
 Instructions: Read categories to respondent.
 1= Illness or medication intake
 2= No more interest in alcohol
 3= Financial reason
 4= Pregnancy
 5= I was drinking too much
 6= Other reason (s) - Specify: _____
 8= Prefer not to answer
 9= Don't know

3.1.8 Physical activity

3.1.8.0)

Next I am going to ask you about the time you spend doing different types of physical activity in a typical week. Please answer these questions even if you do not consider yourself to be a physically active person.

Think first about the time you spend doing work. Think of work as the things that you have to do such as paid or unpaid work, study/training, household chores, harvesting food/crops, fishing or hunting for food, seeking employment. [Insert other examples if needed]. In answering the following questions 'vigorous-intensity activities' are activities that require hard physical effort and cause large increases in breathing or heart rate, 'moderate-intensity activities' are activities that require moderate physical effort and cause small increases in breathing or heart rate.

3.1.8.1) Does your work involve vigorous-intensity activity that causes large increases in breathing or heart rate like carrying or lifting heavy loads, digging or construction work for at least 10 minutes continuously?

0= No

1= Yes

8= Prefer not to answer

9= Don't know

Skip pattern:

If NO or PREFER NOT TO ANSWER

OR

DON'T KNOW, go to 3.1.8.4

3.1.8.2) In a typical week, on how many days do you do vigorous-intensity activities as part of your work?

Instructions: Valid responses range from 1-7.

__ Number of days

88= Prefer not to answer

99= Don't know

3.1.8.3) How much time do you spend doing vigorous-intensity activities at work on a typical day?

Instructions: Think of one day you can recall easily. Consider only those activities undertaken continuously for 10 minutes or more. Probe very high responses (over 4 hrs) to verify.

__:_ _Hours: Minutes

8888= Prefer not to answer

9999= Don't know

- 3.1.8.4) Does your work involve moderate-intensity activity that causes small increases in breathing or heart rate such as brisk walking or carrying light loads for at least 10 minutes continuously?
 0= No
 1= Yes
 8= Prefer not to answer
 9= Don't know
 Skip pattern:
 If NO or PREFER NOT TO ANSWER
 OR
 DON'T KNOW, go to 3.1.8.7
- 3.1.8.5) In a typical week, on how many days do you do moderate-intensity activities as part of your work?
 Instructions: Valid responses range from 1-7.

 Think of work as the things that you have to do such as paid or unpaid work, study/training, household chores, harvesting food/crops, fishing or hunting for food, seeking employment.
 ___ Number of days
 88= Prefer not to answer
 99= Don't know
- 3.1.8.6) How much time do you spend doing moderate-intensity activities at work on a typical day?
 Instructions: Think of one day you can recall easily. Consider only those activities undertaken continuously for 10 minutes or more. Probe very high responses (over 4 hrs) to verify.
 __: __ Hours: Minutes
 8888= Prefer not to answer
 9999= Don't know
- 3.1.8.7) The next questions exclude the physical activities at work that you have already mentioned.
 Now I would like to ask you about the usual way you travel to and from places. For example to work, for shopping, to market, to place of worship. [insert other examples if needed]
- 3.1.8.8) Do you walk or use a bicycle (pedal cycle) for at least 10 minutes continuously to get to and from places?
 0= No
 1= Yes
 8= Prefer not to answer
 9= Don't know
 Skip pattern:
 If NO or PREFER NOT TO ANSWER
 OR
 DON'T KNOW, go to 3.1.8.11

- 3.1.8.9) In a typical week, on how many days do you walk or bicycle for at least 10 minutes continuously to get to and from places?
 Instructions: Valid responses range from 1-7.
 ___ Number of days
 88= Prefer not to answer
 99= Don't know
- 3.1.8.10) How much time do you spend walking or bicycling for travel on a typical day?
 Instructions: Think of one day you can recall easily. Consider the total amount of time walking or bicycling for trips of 10 minutes or more. Probe very high responses (over 4 hrs) to verify.
 __:_ _Hours: Minutes
 8888= Prefer not to answer
 9999= Don't know
- 3.1.8.11) The next questions exclude the work and transport activities that you have already mentioned.
 Now I would like to ask you about sports, fitness and recreational activities (leisure), [insert relevant terms].
- 3.1.8.12) Do you do any vigorous-intensity sports, fitness or recreational (leisure) activities that cause large increases in breathing or heart rate like running or football for at least 10 minutes continuously?
 0= No
 1= Yes
 8= Prefer not to answer
 9= Don't know
 Skip pattern:
 If NO or PREFER NOT TO ANSWER
 OR
 DON'T KNOW, go to 3.1.8.15
- 3.1.8.13) In a typical week, on how many days do you do vigorous intensity sports, fitness or recreational (leisure) activities?
 Instructions: Valid responses range from 1-7.
 ___ Number of days
 88= Prefer not to answer
 99= Don't know
- 3.1.8.14) How much time do you spend doing vigorous-intensity sports, fitness or recreational activities on a typical day?
 Instructions: Think of one day you can recall easily. Consider the total amount of time doing vigorous recreational activities for periods of 10 minutes or more. Probe very high responses (over 4 hrs).
 __:_ _Hours: Minutes
 8888= Prefer not to answer
 9999= Don't know

- 3.1.8.15) Do you do any moderate-intensity sports, fitness or recreational (leisure) activities that cause a small increase in breathing or heart rate such as brisk walking, cycling, swimming, volleyball for at least 10 minutes continuously?
0= No
1= Yes
8= Prefer not to answer
9= Don't know
Skip pattern:
If NO or PREFER NOT TO ANSWER
OR
DON'T KNOW, go to 3.1.8.18
- 3.1.8.16) In a typical week, on how many days do you do moderate-intensity sports, fitness or recreational (leisure) activities?
Instructions: Valid responses range from 1-7.
__ Number of days
88= Prefer not to answer
99= Don't know
- 3.1.8.17) How much time do you spend doing moderate-intensity sports, fitness or recreational (leisure) activities on a typical day?
Instructions: Think of one day you can recall easily. Consider the total amount of time doing moderate recreational activities for periods of 10 minutes or more. Probe very high responses (over 4 hrs).
__:_ Hours: Minutes
8888= Prefer not to answer
9999= Don't know
- 3.1.8.18) The following question is about sitting or reclining at work, at home, getting to and from places, or with friends including time spent sitting at a desk, sitting with friends, travelling in car, bus, train, reading, playing cards or watching television, but do not include time spent sleeping.
[INSERT EXAMPLES]
- 3.1.8.19) How much time do you usually spend sitting or reclining on a typical day?
Instructions: Consider total time spent at work sitting, in an office, reading, watching television, using a computer, doing hand craft like knitting, resting etc. Do not include time spent sleeping.
__:_ Hours: Minutes
8888= Prefer not to answer
9999= Don't know

3.1.9 Working status

3.1.9.0) The next few questions refer to your work activities.

3.1.9.1) Which of the following describes your current situation?
Instructions: Read categories to respondent. Mark all that apply.

1= In paid employment or self-employed

2= Retired

3= Looking after home and/or family

4= Unable to work because of sickness or disability

5= Unemployed

6= Doing unpaid or voluntary work

7= None of the above

8= Prefer not to answer

9= Don't know

Skip pattern:

If IN PAID EMPLOYMENT OR SELF-EMPLOYED, go to 3.1.9.2,
otherwise go to 3.2.2.1

3.1.9.2) What kind of work are you doing?

Instructions: Give full description: e.g., office clerk,
factory worker, forestry technician.

Open _____

3.1.9.3) What kind of business, industry or service is this?

Instructions: Name of business, government department or
agency, or person.

Open _____

3.1.9.4) How many years have you worked in your current job?

Instructions: 00 for less than one year

__ Years

88= Prefer not to answer

99= Don't know

3.1.9.5) In a typical week, how many hours do you spend at work?

__ Hours/week (Hours)

88= Prefer not to answer

99= Don't know

3.1.9.6) Which of the following best describes the hours you usually work/worked at your job/business?

Instructions: 'On call' means no prearranged schedules, but called as need arises (for example, a substitute teacher).

"Irregular schedule" is usually prearranged one week or more in advance (for example, pilots).

Read categories to respondent.

01= Regular - daytime schedule or shift

02= Regular - evening shift

03= Regular - night shift

04= Rotating shift (change from days to evenings to nights)

05= Split shift

06= A compressed work week

07= On call or casual

08= Irregular schedule

09= Other - Specify:_____

88= Prefer not to answer

99= Don't know

End/ Start time

Instructions: e.g. 14:05

_ _ :_ _ Hours: Minutes

3.2 Environmental Factors

3.2.2 Physical exposure

3.2.2.0) The next few questions are about your exposure to the sun. For the next questions, think about a typical weekend or day off from work or school in the summer months.

3.2.2.1) Currently, if after several months of not being in the sun, you then went out in the sun without sunscreen or protective clothing for a half hour, which one of these would happen to your skin?

Instructions: Read categories to respondent.

1= Nothing would happen in half an hour

2= Turning darker without a sunburn

3= Mildly burned with some tanning

4= A severe sunburn for a few days with peeling

5= Get a severe sunburn with blisters

6= Other

8= Prefer not to answer

9= Don't know

3.2.2.2) In the summer months, on a typical weekend or day off, when you are in the sun for 30 minutes or more, how often do you use sunscreen?

Instructions: Read categories to respondent.

- 1= Always
- 2= Often
- 3= Sometimes
- 5= Rarely
- 5= Never
- 8= Prefer not to answer
- 9= Don't know

3.3 Sociodemographic Characteristics

3.3.1 Education level (subject's level)

3.3.1.0) Next, education and income.

3.3.1.1) What is the highest grade of elementary or high school you have ever completed?

- 1= Grade 8 or lower (Secondary II or lower)
- 2= Grade 9 - 10 (Secondary III or IV)
- 3= Grade 11 - 13 (Secondary V)
- 8= Prefer not to answer
- 9= Don't know

Skip pattern:

If GRADE 8 OR LOWER, GRADE 9-10, PREFER NOT TO ANSWER OR DON'T KNOW, go to 3.3.1.3

3.3.1.2) Did you graduate from high school (secondary school)?

- 0= No
- 1= Yes
- 8= Prefer not to answer
- 9= Don't know

3.3.1.3) Have you received any other education that could be counted towards a degree, certificate or diploma from an educational institution?

- 0= No
- 1= Yes
- 8= Prefer not to answer
- 9= Don't know

Skip pattern:

If NO, PREFER NOT TO ANSWER
OR
DON'T KNOW, go to 3.3.1.5

- 3.3.1.4) What is the highest level of education you completed?
- 1= No post-secondary degree, certificate or diploma
 - 2= Trade certificate or diploma from a vocational school or apprenticeship training
 - 3= Non-university certificate or diploma from a community college, CEGEP, school of nursing, etc.
 - 4= University certificate below bachelor's level
 - 5= Bachelor's degree
 - 6= University degree or certificate above bachelor's degree
 - 8= Prefer not to answer
 - 9= Don't know

- 3.3.1.5) At what age did you complete your continuous full time education? Or, in what year have you completed your continuous full time education?

___ Age (nb. years)

88= Prefer not to answer

99= Don't know

_____ Date (year)

8888= Prefer not to answer

9999= Don't know

3.3.2 Income

- 3.3.2.1) What is the average total income before taxes of your entire household including salaries, benefits, pensions, allowances?

Instructions: Read categories to respondent

01= 5 000 \$ - < 10 000 \$

02= 10 000 \$ - < 15 000 \$

03= 15 000 \$ - < 20 000 \$

04= 20 000 \$ - < 30 000 \$

05= 30 000 \$ - < 40 000 \$

06= 40 000 \$ - < 50 000 \$

07= 50 000 \$ - < 60 000 \$

08= 60 000 \$ - < 80 000 \$

09= 80 000 \$ - < 100 000 \$

10= 100 000 \$ and more

88= Prefer not to answer

99= Don't know

3.3.3 Birth location

3.3.3.0) Now, some questions about you and your family's background.

3.3.3.1) In what country were you born?

__Codes: List of country (See Sheet "Country list" at the end of this document)

88= Prefer not to answer

99= Don't know

3.3.3.2) In what region were you born?

Instructions: Province, state, territory, etc

Region:_____

Open

8= Prefer not to answer

9= Don't know

3.3.3.3) In what town were you born?

Town:_____

Open

8= Prefer not to answer

9= Don't know

3.3.3.4) In what country was your mother born?

__Codes: List of country (See Sheet "Country list" at the end of this document)

88= Prefer not to answer

99= Don't know

3.3.3.5) In what country was your father born?

__Codes: List of country (See Sheet "Country list" at the end of this document)

88= Prefer not to answer

99= Don't know

3.3.3.6) In what country was the mother of your mother born?

__Codes: List of country (See Sheet "Country list" at the end of this document)

88= Prefer not to answer

99= Don't know

3.3.3.7) In what country was the father of your mother born?

__Codes: List of country (See Sheet "Country list" at the end of this document)

88= Prefer not to answer

99= Don't know

3.3.3.8) In what country was the mother of your father born?
__Codes: List of country (See Sheet "Country list" at the end
of this document)
88= Prefer not to answer
99= Don't know

3.3.3.9) In what country was the father of your father born?
__Codes: List of country (See Sheet "Country list" at the end
of this document)
88= Prefer not to answer
99= Don't know

3.3.4 Citizenship/residency status

3.3.4.1) Were you born a Canadian citizen?
0= No
1= Yes
8= Prefer not to answer
9= Don't know
Skip pattern:
If YES, go to 3.3.5.1

3.3.4.2) At what age or in what year did you first come to Canada to
live?

__ Age (nb. years)
88= Prefer not to answer
99= Don't know

_____ Date (year)
8888= Prefer not to answer
9999= Don't know

3.3.5 Residence

3.3.5.1) In what country do you live?
__Codes: List of country (See Sheet "Country list" at the end
of this document)
88= Prefer not to answer
99= Don't know

- 3.3.5.2) In what region?
 Instructions: Province, state, territory, etc
 Region: _____
 Open
 8= Prefer not to answer
 9= Don't know
- 3.3.5.3) In what town or village do you live?
 Town: _____
 Open
 8= Prefer not to answer
 9= Don't know
- 3.3.5.4) What are the first three characters your postal code?
 _____Postal code (H1V)
- 3.3.5.5) How long have you lived in the city you currently lived in?
 Or, in what year have you begun to live there?
- ___ Number of years
 88= Prefer not to answer
 99= Don't know
- ___ Date (Year of arrival)
 8888= Prefer not to answer
 9999= Don't know
- 3.3.6 Ethnicity/Race
- 3.3.6.1) To which ethnic or cultural groups did your ancestors belong?
 (An ancestor is someone from whom a person is descended and is usually more distant than a grandparent.)
 Instructions: Ethnic or cultural backgrounds are to be entered in the order in which they are stated. Do not probe or provide examples or read response categories aloud. Mark all that apply
- 01= Canadian
 - 02= French
 - 03= English
 - 04= German
 - 05= Scottish
 - 06= Irish
 - 07= Italian
 - 08= Ukrainian
 - 09= Dutch (Netherlands)
 - 10= Chinese
 - 11= Jewish
 - 12= Polish
 - 13= Portuguese
 - 14= South Asian (e.g. East Indian, Pakistani, Sri Lankan)
 - 15= Norwegian

16= Welsh
17= Swedish
18= North American
19= Métis
20= Inuit
21= Other - Specify: _____
88= Prefer not to answer
99= Don't know

3.3.6.2) Are you an Aboriginal person, that is, North American Indian, Métis or Inuit?

0= No
1= Yes
8= Prefer not to answer
9= Don't know
Skip pattern:
If NO or PREFER NOT TO ANSWER
OR
DON'T KNOW, go to 3.3.6.4

3.3.6.3) Are you?

Instructions: Read categories to respondent. Mark all that apply. If respondent answers "Eskimo", enter "3".

1= North American Indian
2= Métis
3= Inuit
8= Prefer not to answer
9= Don't know

3.3.6.4) People living in Canada come from many different cultural and racial backgrounds. Are you?

Instructions: Read categories to respondent. Mark all that apply.

01= White
02= Chinese
03= South Asian (e.g., East Indian, Pakistani, Sri Lankan)
04= Black
05= Filipino
06= Latin American
07= Southeast Asian (e.g., Cambodian, Indonesian, Laotian, Vietnamese)
08= Arab
09= West Asian (e.g., Afghan, Iranian)
10= Japanese
11= Korean
12= Other - Specify: _____
88= Prefer not to answer
99= Don't know

3.3.7 Language

3.3.7.1) What is the language that you first learned at home in childhood and can still understand?

Instructions: Mark all that apply. If a person can no longer understand the first language learned, mark the second.

- 01= French
- 02= English
- 03= Arabic
- 04= Chinese
- 05= Cree
- 06= German
- 07= Greek
- 08= Hungarian
- 09= Italian
- 10= Korean
- 11= Persian (Farsi)
- 12= Polish
- 13= Portuguese
- 14= Punjabi
- 15= Spanish
- 16= Tagalog (Filipino)
- 17= Ukrainian
- 18= Vietnamese
- 19= Dutch
- 20= Hindi
- 21= Russian
- 22= Tamil
- 23= Other - Specify:_____
- 88= Prefer not to answer
- 99= Don't know

3.3.7.2) What language do you speak most often at home?

Instructions: Mark all that apply.

- 01= French
- 02= English
- 03= Arabic
- 04= Chinese
- 05= Cree
- 06= German
- 07= Greek
- 08= Hungarian
- 09= Italian
- 10= Korean
- 11= Persian (Farsi)
- 12= Polish
- 13= Portuguese
- 14= Punjabi
- 15= Spanish
- 16= Tagalog (Filipino)
- 17= Ukrainian
- 18= Vietnamese
- 19= Dutch
- 20= Hindi
- 21= Russian

22= Tamil
23= Other - Specify:_____

88= Prefer not to answer

99= Don't know

3.3.7.3) In what languages can you conduct a conversation?

Instructions: Mark all that apply.

01= French

02= English

03= Arabic

04= Chinese

05= Cree

06= German

07= Greek

08= Hungarian

09= Italian

10= Korean

11= Persian (Farsi)

12= Polish

13= Portuguese

14= Punjabi

15= Spanish

16= Tagalog (Filipino)

17= Ukrainian

18= Vietnamese

19= Dutch

20= Hindi

21= Russian

22= Tamil

23= Other - Specify:_____

88= Prefer not to answer

99= Don't know

3.3.9 Marital status

3.3.9.1) Do you live with a spouse or a partner in a common household?

0= No

1= Yes

8= Prefer not to answer

9= Don't know

Skip pattern:

If NO or PREFER NOT TO ANSWER

OR

DON'T KNOW, go to 3.3.9.3

3.3.9.2) Which of the following describes your partner's current situation?

Instructions: Read categories to respondent. Mark all that apply.

- 1= In paid employment or self-employed
- 2= Retired
- 3= Looking after home and/or family
- 4= Unable to work because of sickness or disability
- 5= Unemployed
- 6= Doing unpaid or voluntary work
- 7= None of the above
- 8= Prefer not to answer
- 9= Don't know

3.3.9.3) Including yourself, how many people live in the household?

___ Number

- 88= Prefer not to answer
- 99= Don't know

3.3.10 Housing characteristics

3.3.10.0) Now, some questions about your home, your familial and social environment.

3.3.10.1) What type of accommodation do you live in?

Instructions: If respondent answers condominium or seniors' housing, ask whether the building is a townhouse or high-rise or low-rise apartment. Read categories to respondent.

- 01= Single detached house
- 02= Semi-detached or double (side by side)
- 03= Town-house or row house
- 04= Duplex (One above the other)
- 05= Low-rise apartment (less than 5 stories)
- 06= High-rise apartment (5 or more stories)
- 07= Mobile home or trailer
- 08= Other - Specify:_____
- 88= Prefer not to answer
- 99= Don't know

3.3.10.2) Do you, or your partner if you have one, own the accommodation that you live in?

- 0= No
- 1= Yes
- 8= Prefer not to answer
- 9= Don't know

3.3.10.3) How long have you lived in this home?
___ Number of years
88= Prefer not to answer
99= Don't know

3.3.10.4) How many cars or vans are owned, or available for use, by you or members of your household?
0= None
1= One
2= Two
3= Three
4= Four or more
8= Prefer not to answer
9= Don't know

3.3.11 Familial and social environment

3.3.11.1) Are you a twin, triplet or other multiple births?
0= No
1= Yes
8= Prefer not to answer
9= Don't know

3.3.11.2) Were you adopted as a child?
0= No
1= Yes
8= Prefer not to answer
9= Don't know

3.3.11.3) How many biological brothers and sisters do you have including half brothers and sisters?
___ Number
88= Prefer not to answer
99= Don't know

3.3.11.4) What is your birth rank (from the same mother)?
___ Number
88= Prefer not to answer
99= Don't know

3.3.12 Sex

3.3.12.1) Gender of the participant to be asked or completed by the interviewer
1= Woman
2= Man

3.3.13 Age/birth date

3.3.13.1) What is your date of birth?
_____ Date (YYYY/MM/DD)
88888888= Prefer not to answer
99999999= Don't know

3.3.13.2) What is your age?
Instructions: MIN= 40, MAX= 71
__ Age (years)
88= Prefer not to answer
99= Don't know

4. Administration

4.1 Administration
4.1.1 Administration

4.1.1.1) Date of the interview
_____Date (YYYY/MM/DD)

Time End
Instructions: e.g. 14:05
__ :__ Hours: Minutes

CARTaGENE: option BALSAC: * __ __ __ __ __ __ __ __ *

Physical Measures:

Weight :__ __ __ kg

Height : __ __ __ cm

Biological samples:

EDTA-Pellet 1/3

*Coller l'étiquette code
barres ici.*

EDTA-Pellet 2/3

*Coller l'étiquette code
barres ici.*

EDTA-Pellet 3/3

*Coller l'étiquette code
barres ici.*

1 Paxgene tube

*Coller l'étiquette code
barres ici.*

List of countries

CODES	COUNTRY
AF	AFGHANISTAN
AX	ÅLAND ISLANDS
AL	ALBANIA
DZ	ALGERIA
AS	AMERICAN SAMOA
AD	ANDORRA
AO	ANGOLA
AI	ANGUILLA
AQ	ANTARCTICA
AG	ANTIGUA AND BARBUDA
AR	ARGENTINA
AM	ARMENIA
AW	ARUBA
AU	AUSTRALIA
AT	AUSTRIA
AZ	AZERBAIJAN
BS	BAHAMAS
BH	BAHRAIN
BD	BANGLADESH
BB	BARBADOS
BY	BELARUS
BE	BELGIUM
BZ	BELIZE
BJ	BENIN
BM	BERMUDA
BT	BHUTAN
BO	BOLIVIA
BA	BOSNIA AND HERZEGOVINA
BW	BOTSWANA
BV	BOUVET ISLAND
BR	BRAZIL
IO	BRITISH INDIAN OCEAN TERRITORY
BN	BRUNEI DARUSSALAM
BG	BULGARIA
BF	BURKINA FASO
BI	BURUNDI

KH	CAMBODIA
CM	CAMEROON
CA	CANADA
CV	CAPE VERDE
KY	CAYMAN ISLANDS
CF	CENTRAL AFRICAN REPUBLIC
TD	CHAD
CL	CHILE
CN	CHINA
CX	CHRISTMAS ISLAND
CC	COCOS (KEELING) ISLANDS
CO	COLOMBIA
KM	COMOROS
CG	CONGO
CD	CONGO, THE DEMOCRATIC REPUBLIC OF THE
CK	COOK ISLANDS
CR	COSTA RICA
CI	CÔTE D'IVOIRE
HR	CROATIA
CU	CUBA
CY	CYPRUS
CZ	CZECH REPUBLIC
DK	DENMARK
DJ	DJIBOUTI
DM	DOMINICA
DO	DOMINICAN REPUBLIC
EC	ECUADOR
EG	EGYPT
SV	EL SALVADOR
GQ	EQUATORIAL GUINEA
ER	ERITREA
EE	ESTONIA
ET	ETHIOPIA
FK	FALKLAND ISLANDS (MALVINAS)
FO	FAROE ISLANDS
FJ	FIJI
FI	FINLAND
FR	FRANCE
GF	FRENCH GUIANA

PF	FRENCH POLYNESIA
TF	FRENCH SOUTHERN TERRITORIES
GA	GABON
GM	GAMBIA
GE	GEORGIA
DE	GERMANY
GH	GHANA
GI	GIBRALTAR
GR	GREECE
GL	GREENLAND
GD	GRENADA
GP	GUADELOUPE
GU	GUAM
GT	GUATEMALA
GG	GUERNSEY
GN	GUINEA
GW	GUINEA-BISSAU
GY	GUYANA
HT	HAITI
HM	HEARD ISLAND AND MCDONALD ISLANDS
VA	HOLY SEE (VATICAN CITY STATE)
HN	HONDURAS
HK	HONG KONG
HU	HUNGARY
IS	ICELAND
IN	INDIA
ID	INDONESIA
IR	IRAN, ISLAMIC REPUBLIC OF
IQ	IRAQ
IE	IRELAND
IM	ISLE OF MAN
IL	ISRAEL
IT	ITALY
JM	JAMAICA
JP	JAPAN
JE	JERSEY
JO	JORDAN
KZ	KAZAKHSTAN
KE	KENYA

KI	KIRIBATI
KP	KOREA, DEMOCRATIC PEOPLE'S REPUBLIC OF
KR	KOREA, REPUBLIC OF
KW	KUWAIT
KG	KYRGYZSTAN
LA	LAO PEOPLE'S DEMOCRATIC REPUBLIC
LV	LATVIA
LB	LEBANON
LS	LESOTHO
LR	LIBERIA
LY	LIBYAN ARAB JAMAHIRIYA
LI	LIECHTENSTEIN
LT	LITHUANIA
LU	LUXEMBOURG
MO	MACAO
MK	MACEDONIA, THE FORMER YUGOSLAV REPUBLIC OF
MG	MADAGASCAR
MW	MALAWI
MY	MALAYSIA
MV	MALDIVES
ML	MALI
MT	MALTA
MH	MARSHALL ISLANDS
MQ	MARTINIQUE
MR	MAURITANIA
MU	MAURITIUS
YT	MAYOTTE
MX	MEXICO
FM	MICRONESIA, FEDERATED STATES OF
MD	MOLDOVA, REPUBLIC OF
MC	MONACO
MN	MONGOLIA
ME	MONTENEGRO
MS	MONTSERRAT
MA	MOROCCO
MZ	MOZAMBIQUE
MM	MYANMAR
NA	NAMIBIA
NR	NAURU

NP	NEPAL
NL	NETHERLANDS
AN	NETHERLANDS ANTILLES
NC	NEW CALEDONIA
NZ	NEW ZEALAND
NI	NICARAGUA
NE	NIGER
NG	NIGERIA
NU	NIUE
NF	NORFOLK ISLAND
MP	NORTHERN MARIANA ISLANDS
NO	NORWAY
OM	OMAN
PK	PAKISTAN
PW	PALAU
PS	PALESTINIAN TERRITORY, OCCUPIED
PA	PANAMA
PG	PAPUA NEW GUINEA
PY	PARAGUAY
PE	PERU
PH	PHILIPPINES
PN	PITCAIRN
PL	POLAND
PT	PORTUGAL
PR	PUERTO RICO
QA	QATAR
RE	REUNION
RO	ROMANIA
RU	RUSSIAN FEDERATION
RW	RWANDA
BL	SAINT BARTHÉLEMY
SH	SAINT HELENA
KN	SAINT KITTS AND NEVIS
LC	SAINT LUCIA
MF	SAINT MARTIN
PM	SAINT PIERRE AND MIQUELON
VC	SAINT VINCENT AND THE GRENADINES
WS	SAMOA
SM	SAN MARINO

ST	SAO TOME AND PRINCIPE
SA	SAUDI ARABIA
SN	SENEGAL
RS	SERBIA
SC	SEYCHELLES
SL	SIERRA LEONE
SG	SINGAPORE
SK	SLOVAKIA
SI	SLOVENIA
SB	SOLOMON ISLANDS
SO	SOMALIA
ZA	SOUTH AFRICA
GS	SOUTH GEORGIA AND THE SOUTH SANDWICH ISLANDS
ES	SPAIN
LK	SRI LANKA
SD	SUDAN
SR	SURINAME
SJ	SVALBARD AND JAN MAYEN
SZ	SWAZILAND
SE	SWEDEN
CH	SWITZERLAND
SY	SYRIAN ARAB REPUBLIC
TW	TAIWAN, PROVINCE OF CHINA
TJ	TAJIKISTAN
TZ	TANZANIA, UNITED REPUBLIC OF
TH	THAILAND
TL	TIMOR-LESTE
TG	TOGO
TK	TOKELAU
TO	TONGA
TT	TRINIDAD AND TOBAGO
TN	TUNISIA
TR	TURKEY
TM	TURKMENISTAN
TC	TURKS AND CAICOS ISLANDS
TV	TUVALU
UG	UGANDA
UA	UKRAINE
AE	UNITED ARAB EMIRATES

GB	UNITED KINGDOM
US	UNITED STATES
UM	UNITED STATES MINOR OUTLYING ISLANDS
UY	URUGUAY
UZ	UZBEKISTAN
VU	VANUATU
VE	VENEZUELA
VN	VIET NAM
VG	VIRGIN ISLANDS, BRITISH
VI	VIRGIN ISLANDS, U.S.
WF	WALLIS AND FUTUNA
EH	WESTERN SAHARA
YE	YEMEN
ZM	ZAMBIA
ZW	ZIMBABWE