



CARTaGENE HEALTH QUESTIONNAIRE

Read and approved by

Signature

Marie-Christine Lamarche

Director of Opérations

PART 1: IDENTIFYING QUESTIONNAIRE

IDENTIFICATION-INTERVIEWER __ __ - __ __

Participant ID:

Stick the barcode label here

DATE OF INTERVIEW

__ __

__ __

YEAR

MONTH

DAY

TIME OF THE BEGINNING

__ __

__ __

HOURS

MINUTES

We will now proceed to identify you as the data that have been transmitted from the Régie de l'assurance maladie du Québec remain confidential and cannot be provided for the analysis of the survey's results.

Domain GENDER

1) Note the sex of the participant

- 1 Male
2 Female

Skip pattern: if you're in doubt, politely ask the sex of the participant

Domain AGE/DATE OF BIRTH

1) What is your date of birth?

Instructions: if the participant is uncertain about his date of birth. If the exact day is uncertain, choose the 15th of the month. If the month is uncertain, choose the month of June.

_____Year of birth (YYYY)

_____Month of birth (MM)

_____Day of birth (DD)

- 8888 Prefer not to answer
9999 Don't know

2) What is your age?

_____Age

- 8888 Prefer not to answer
9999 Don't know

Domain RESIDENCE HISTORY

1) What are the first three characters of your postal code?

___ Postal code (X9X)

888 Prefer not to answer

999 Don't know

1.1) In which city, town or village do you live?

Instructions: Write the full name.

OPEN _____

88 Prefer not to answer

99 Don't know

2) What was your age when you started living where you now live? Or, in what year did you start living there?

_____ Age when started living there

OR

_____ Date when started living there (year)

8888 Prefer not to answer

9999 Don't know

3) Is this the place in which you have lived for the longest time throughout your life so far?

0 No

1 Yes

8 Prefer not to answer

9 Don't know

Skip pattern: If YES or PREFER NOT TO ANSWER, go to BIRTH LOCATION domain, page 8.

4) We would like to find out more about the place in which you DID live for the longest time throughout your life so far. So, first, in which country did you live for the longest time?

CANADA

Others countries, write the full name of the country _____

88 Prefer not to answer

99 Don't know

Skip pattern: If CANADA, go to 5, If PREFER NOT TO ANSWER or DON'T KNOW, go to BIRTH LOCATION domain, page 8

5) In which province did you live for the longest time?

24 Quebec

35 Ontario

10 Newfoundland

11 Edward Island Prince Edward Island

12 Nova Scotia

13 New-Brunswick

46 Manitoba

47 Saskatchewan

48 Alberta

59 British-Colombia

60 Yukon Territories Northwest Territories, Nunavut

88 Prefer not to answer

99 Don't know

Skip pattern: If PREFER NOT TO ANSWER or DON'T KNOW, go to 8, page 7.

6) In which city, town or village did you live for the longest time?

Instructions: Write the full name.

OPEN _____

88 Prefer not to answer

99 Don't know

7.1) What was the first three characters of your postal code of the place you lived for the longest time?

___ Postal code(X9X)

- 888 Prefer not to answer
999 Don't know

Skip pattern: If PREFER NOT TO ANSWER or DON'T KNOW go to 7.2. Otherwise go to 8, page 7.

7.2) What was the name of the street you lived on for the longest time?

OPEN _____

- 88 Prefer not to answer
99 Don't know

Skip pattern: If PREFER NOT TO ANSWER or DON'T KNOW go to 8, page 7.

7.3) What was the nearest cross street to the place you lived for the longest time?

OPEN _____

- 77 No nearby cross-street
88 Prefer not to answer
99 Don't know

8) What was your age when you started living there? Or, in what year did you start living there?

_____Age when started living there

OR

_____Date when started living there (year)

8888 Prefer not to answer

9999 Don't know

9) What was your age when you stopped living there? Or, in what year did you stop living there?

Instructions: Please indicate the age or the year you finally left this place.

_____Age when stopped living there

OR

_____Date when stopped living there (year)

8888 Prefer not to answer

9999 Don't know

Domain BIRTH LOCATION

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

1) In what country were you born?

CANADA

Others countries, write the full name of the country _____

8888 Prefer not to answer

9999 Don't know

Skip pattern: If CANADA, go to 2, otherwise, go to 4, page 9.

2) In which province was it?

24 Quebec

35 Ontario

10 Newfoundland

11 Edward Island Prince Edward Island

12 Nova Scotia

13 New-Brunswick

46 Manitoba

47 Saskatchewan

48 Alberta

59 British-Colombia

60 Yukon Territories Northwest Territories, Nunavut

88 Prefer not to answer

99 Don't know

3) In which city, town or village was it?

Instructions: Write the full name.

OPEN _____

88 Prefer not to answer

99 Don't know

Skip pattern: Go to 5, page 9

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

_____Age when first came to Canada to live

OR

_____Date when first came to Canada to live (year)

8888 Prefer not to answer

9999 Don't know

5) In what country was your biological mother born?

CANADA

Others countries, write the full name of the country _____

8888 Prefer not to answer

9999 Don't know

6) In what country was your biological father born?

CANADA

Others countries, write the full name of the country _____

8888 Prefer not to answer

9999 Don't know

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

CANADA

Others countries, write the full name of the country _____

8888 Prefer not to answer

9999 Don't know

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

CANADA

Others countries, write the full name of the country _____

8888 Prefer not to answer

9999 Don't know

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

CANADA

Others countries, write the full name of the country _____

8888 Prefer not to answer

9999 Don't know

10) In what country was the father of your father born?

CANADA

Others countries, write the full name of the country _____

8888 Prefer not to answer

9999 Don't know

11) Are you...?

1 North American Indian

2 Métis

3 Inuit

4 None of above

8 Prefer not to answer

9 Don't know

Domain JOB TITLE

1) What is your job title?

OPEN _____

88 Prefer not to answer

99 Don't know

*Specifications: Give full description: e.g., office clerk, factory worker, forestry technician.
Refer only to your current main job, the one at which you work the most hours.*

ACKNOWLEDGEMENTS

Thank you for completing this first part of the health questionnaire

TIME OF THE END

— — — —
HOURS MINUTES

This part of the questionnaire comprises a series of questions that we would like you to try to answer yourself. Please read and tick the good answer by means of one "X". If you have any difficulty, please ask the nurse to help you. Try to answer as best as possible.

SECTION B: DEMOGRAPHIC AND SOCIO-ECONOMIC FACTORS

Domain MARITAL STATUS

1) What is your current marital status?

Instructions: Please choose the one that best describes your current situation.

- 1 Married and/or living with a partner or common law partner
- 2 Divorced
- 3 Separated
- 4 Widowed
- 88 Prefer not to answer
- 99 Don't know

Domain HOUSEHOLD STATUS

1) How many adults including yourself are currently living in your household?

____Adults

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

Specifications: Individuals who are 18 years or older are considered adults, those less than 18 are children.

2) How many children are currently living in your household?

____Children

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

Domain SIBLING

1) How many biological siblings do you have? Please include those who have died, and any half brothers or half-sisters?

___ Siblings

- 0 None
88 Prefer not to answer
99 Don't know

Specifications: Half siblings have one common parent. Do not include step siblings or adopted siblings.

Skip pattern: If you don't have siblings, write 0 and then go to 4, page 15.

2) How many biological siblings are, or were, older than you? Please include those who have died, and any half brothers or half-sisters?

___ Siblings older

- 0 None
88 Prefer not to answer
99 Don't know

Specifications: Half siblings have one common parent. Do not include step siblings or adopted siblings. If you are part of a multiple birth, please treat all of the siblings that were born with you as being of the same age (i.e. not older) regardless of the order in which you were actually born.

3) Are you a twin or part of a multiple birth including stillborns and those who have died?

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

Specifications: Multiple births include twins, triplets, quads, and higher order multiples.

4) Were you adopted?

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

Domain LANGUAGE

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

Instructions: More than one answer is possible only if languages were learned at the same time. Maximum 2 answers.

- 1 English
- 2 French
- 3 Arabic
- 4 Cree or any other Aboriginal language
- 5 Cantonese
- 6 Dutch
- 7 German
- 8 Greek
- 9 Hindi
- 10 Hungarian
- 11 Italian
- 12 Korean
- 13 Mandarin
- 14 Persian /Farsi
- 15 Polish
- 16 Portuguese
- 17 Punjabi
- 18 Russian
- 19 Spanish
- 20 Tagalog /Pilipino
- 21 Tamil
- 22 Ukrainian
- 23 Urdu
- 24 Vietnamese
- 25 Other
- 88 Prefer not to answer
- 99 Don't know

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

Instructions: More than one answer is possible only if languages were learned at the same time. Maximum 2 answers.

- 1 English
- 2 French
- 3 Arabic
- 4 Cree or any other Aboriginal language
- 5 Cantonese
- 6 Dutch
- 7 German
- 8 Greek
- 9 Hindi
- 10 Hungarian
- 11 Italian
- 12 Korean
- 13 Mandarin
- 14 Persian /Farsi
- 15 Polish
- 16 Portuguese
- 17 Punjabi
- 18 Russian
- 19 Spanish
- 20 Tagalog /Pilipino
- 21 Tamil
- 22 Ukrainian
- 23 Urdu
- 24 Vietnamese
- 25 Other
- 88 Prefer not to answer
- 99 Don't know

Domain EDUCATION LEVEL

Now some questions about your education and income

1) What is the highest level of education you have completed?

- 0 None
- 1 Elementary school
- 2 High school
- 3 Trade, technical or vocational school, apprenticeship training or technical CEGEP
- 4 Diploma from a community college, pre-university CEGEP or non-university certificate
- 5 University certificate below bachelor's level
- 6 Bachelor's degree
- 7 Graduate degree (MSc, MBA, MD, PhD, etc.)
- 88 Prefer not to answer
- 99 Don't know

Skip pattern: If "None", go to INCOME domain, page 19.

2) What was your age when you completed this level of education? Or in what year did you complete this level

_____Age when completed this level of education

OR

_____Date when completed this level of education (year)

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

Domain INCOME

1) What is the average total annual income, from all sources, before tax received by your entire household?

- 1 Less than 10 000 \$
- 2 10 000 \$ - 24 999 \$
- 3 25 000 \$ - 49 999 \$
- 4 50 000 \$ - 74 999 \$
- 5 75 000 \$ - 99 999 \$
- 6 100 000 \$ - 149 999 \$
- 7 150 000 \$ - 199 999 \$
- 8 200 000 \$ and more
- 88 Prefer not to answer
- 99 Don't know

Specifications: Includes salaries, benefits, pensions, allowances.

2) How many individuals does that income support, including children, parents and other persons living outside your home?

____ Individuals

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

Domain WORKING STATUS

The next few questions refer to your work activities.

1) Which of the following describes your current situation?

Instructions: Not more than one answer. Are considered as workers people who are employed or who work on their own. Students who are not employed should indicate unemployed.

- 1 Employed
- 2 Retired
- 3 Looking after home and/or family
- 4 Unable to work because of sickness or disability
- 5 Unemployed
- 8 Prefer not to answer
- 9 Don't know

Skip pattern: If UNEMPLOYED or RETIRED go to 9, page 24.

1.1) Are you working?

- 1 As employed
- 2 As self-employed
- 3 As employed and self-employed
- 8 Prefer not to answer
- 9 Don't know

Skip pattern: If SELF-EMPLOYED go to 1.3, page 21.

1.2) Are you ?

- 1 Full-time employed
- 2 Part-time employed
- 8 Prefer not to answer
- 9 Don't know

If the answer to question 1.1 is EMPLOYEE, go to 2 on page 21.

1.3) If you are self-employed, are you?

- 1 Full-time self-employed
- 2 Part-time self-employed
- 8 Prefer not to answer
- 9 Don't know

2) Are you doing unpaid or voluntary work?

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

3) Are you a student?

- 0 No
- 1 Full-time student
- 2 Part-time student
- 8 Prefer not to answer
- 9 Don't know

4) What kind of job do you do?

- 1 Legislators, senior-officials and managers
- 2 Professionals
- 3 Technicians and associate professionals
- 4 Clerks
- 5 Service workers and shop and market sales workers
- 6 Skilled agricultural and fishery workers
- 7 Craft and related workers
- 8 Plant and machine operators and assemblers
- 9 Elementary occupations
- 10 Armed forces
- 77 Other
- 88 Prefer not to answer
- 99 Don't know

5.1) What kind of business, industry or service is it ?

- 1 Agriculture, hunting and forestry
- 2 Fishing
- 3 Mining and quarrying
- 4 Manufacturing
- 5 Electricity, gas and water supply
- 6 Construction
- 7 Wholesale and retail trade; repair of motor vehicles, motorcycles and personal and household goods
- 8 Hotels and restaurants
- 9 Transport, storage and communications
- 10 Financial intermediation
- 11 Real estate, renting and business activities
- 12 Public administration and defence; compulsory social security
- 13 Education
- 14 Health and social work
- 15 Other community, social and personal service activities
- 16 Activities of private households as employers and undifferentiated production activities of private households
- 17 Extraterritorial organizations and bodies
- 77 Other
- 88 Prefer not to answer
- 99 Don't know

Skip pattern: If OTHER, PREFER NOT TO ANSWER OR DON'T KNOW, go to 7, page 23.

5.2) Can you be more precise about the kind of business, industry or service it is?

OPEN _____

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

6) What was your age when you started working there? Or, in what year did you start working there?

____Age when started working there

OR

____Date when started working there (year)

8888 Prefer not to answer

9999 Don't know

7) Which of the following choices best describes your working schedule?

- 1 Regular - daytime schedule or shift
- 2 Regular - evening shift
- 3 Regular - night shift
- 4 Rotating shift, changing periodically from days to evenings or to nights
- 5 Split shift, consisting of two or more distinct periods each day
- 6 Irregular schedule, or on call
- 7 Other
- 88 Prefer not to answer
- 99 Don't know

Specifications: A night shift is work during the early hours of the morning, after midnight. An evening shift is work during the evening ending at or before midnight.

8) Is this the occupation you have held for the longest time?

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

Skip pattern: If NO, go to 10.1, page 25.

9) Have you ever undertaken employed or self-employed work?

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

Skip pattern: If YES, go to 10.1 otherwise, go to TOBACCO USE domain, page 28.

10.1) Considering the occupation you held for the longest time, what kind of business, industry or service was it?

- 1 Agriculture, hunting and forestry
- 2 Fishing
- 3 Mining and quarrying
- 4 Manufacturing
- 5 Electricity, gas and water supply
- 6 Construction
- 7 Wholesale and retail trade; repair of motor vehicles, motorcycles and personal and household goods
- 8 Hotels and restaurants
- 9 Transport, storage and communications
- 10 Financial intermediation
- 11 Real estate, renting and business activities
- 12 Public administration and defence; compulsory social security
- 13 Education
- 14 Health and social work
- 15 Other community, social and personal service activities
- 16 Activities of private households as employers and undifferentiated production activities of private households
- 17 Extraterritorial organizations and bodies
- 77 Other
- 88 Prefer not to answer
- 99 Don't know

Specifications: The list describes the economic activities of the industry: e.g., agriculture, hunting and related service activities.

Skip pattern: If PREFER NOT TO ANSWER or DON'T KNOW, go to 11, page 26.

10.2) Can you be more precise about the kind of business, industry or service it was?

OPEN _____

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

11) What was the job title of the occupation that you have held for the longest time?

- 1 Legislators, senior-officials and managers
- 2 Professionals
- 3 Technicians and associate professionals
- 4 Clerks
- 5 Service workers and shop and market sales workers
- 6 Skilled agricultural and fishery workers
- 7 Craft and related workers
- 8 Plant and machine operators and assemblers
- 9 Elementary occupations
- 10 Armed forces
- 77 Other
- 88 Prefer not to answer
- 99 Don't know

12) What was your age when you started working there? Or, in what year did you start working there?

____Age when started working there

OR

____Date when started working there (year)

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

13) Considering the occupation you held for the longest time, which of the following best describes your working schedule for this occupation?

- 1 Regular - daytime schedule or shift
- 2 Regular - evening shift
- 3 Regular - night shift
- 4 Rotating shift, changing periodically from days to evenings or to nights
- 5 Split shift, consisting of two or more distinct periods each day
- 6 Irregular schedule, or on call
- 7 Other
- 88 Prefer not to answer
- 99 Don't know

Specifications: A night shift is work during the early hours of the morning, after midnight. An evening shift is work during the evening ending at or before midnight.

14) What was your age when you stopped working there? Or, in what year did you stop working there?

____ Age when stopped working there

OR

____ Date when stopped working there (year)

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

SECTION C: LIFE HABITS/BEHAVIORS

Now a few questions about your life habits and behaviors

Domain TOBACCO USE

1) In your lifetime have you smoked a total of 100 cigarettes or more?

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

Specifications: A total of 100 cigarettes means about 4 packs.

Skip pattern: If NO, PREFER NOT TO ANSWER or DON'T KNOW go to 9, page 31

2) Do you currently smoke cigarettes?

- 0 No
- 1 Occasionally
- 2 Daily
- 8 Prefer not to answer
- 9 Don't know

Specifications: Occasionally means smoke at least one cigarette in the past 30 days, but not every day. "No" means no cigarettes at all in the past 30 days.

Skip pattern: If NO, OCCASIONALLY, PREFER NOT TO ANSWER or DON'T KNOW go to 4, page 29

3) On average how many cigarettes do you smoke per day or per week, including hand-rolled cigarettes?

Instructions: Use only one unit of time.

_____Cigarettes per day

OR

_____Cigarettes per week

888 Prefer not to answer

999 Don't know

Specification: A pack usually contains 25cigarettes

4) Have you ever smoked on most or all days?

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 9, page 31.

5) During the period you smoked the most, either it is current or in the past, about how many cigarettes did you smoke?

_____Cigarettes per day

OR

_____Cigarettes per week

888 Prefer not to answer

999 Don't know

Specification: A pack usually contains 25 cigarettes

6) For how long did this period last, in months or years?

Instructions: Use only one unit of time.

____ Months

OR

____ Years

88 Prefer not to answer

99 Don't know

7) What was your age when you first started smoking cigarettes on most days? Or in what year did you first start smoking cigarettes on most days?

____ Age when started smoking on most days

OR

____ Date when started smoking on most days (year)

8888 Prefer not to answer

9999 Don't know

Skip pattern: If the participant doesn't smoke cigarettes currently BUT has smoked cigarettes, go to 8, otherwise, go to 9, page 31.

8) What was your age when you last smoked cigarettes on most days? Or in what year did you last smoke cigarettes on most days?

____ Age when stopped smoking on most days

OR

____ Date when stopped smoking on most days (year)

8888 Prefer not to answer

9999 Don't know

9) In your lifetime, have you ever used other types of tobacco on a regular basis and for a length of at least six months?

1.1	Cigars	0 1 8 9	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Prefer not to answer <input type="checkbox"/> Don't know
1.2	Small cigars	0 1 8 9	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Prefer not to answer <input type="checkbox"/> Don't know
1.3	Pipes	0 1 8 9	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Prefer not to answer <input type="checkbox"/> Don't know
1.4	Chewing tobacco and snuff	0 1 8 9	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Prefer not to answer <input type="checkbox"/> Don't know
1.5	Betel nut	0 1 8 9	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Prefer not to answer <input type="checkbox"/> Don't know
1.6	Paan	0 1 8 9	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Prefer not to answer <input type="checkbox"/> Don't know
1.7	Sheesha	0 1 8 9	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Prefer not to answer <input type="checkbox"/> Don't know
1.8	Other nicotine products	0 1 8 9	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Prefer not to answer <input type="checkbox"/> Don't know

Spécification: A regular consumption corresponds to a minimum of one consumption of tobacco per week.

Skip pattern: If NO, PREFER NOT TO ANSWER or DON'T KNOW to all, go to Passive Smoking exposure domain, page 33, otherwise, go to 10.

10) Do you currently use other types of tobacco?

1.1	Cigars	0 1 8 9	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Prefer not to answer <input type="checkbox"/> Don't know
1.2	Small cigars	0 1 8 9	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Prefer not to answer <input type="checkbox"/> Don't know
1.3	Pipes	0 1 8 9	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Prefer not to answer <input type="checkbox"/> Don't know
1.4	Chewing tobacco and snuff	0 1 8 9	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Prefer not to answer <input type="checkbox"/> Don't know
1.5	Betel nut	0 1 8 9	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Prefer not to answer <input type="checkbox"/> Don't know
1.6	Paan	0 1 8 9	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Prefer not to answer <input type="checkbox"/> Don't know
1.7	Sheesha	0 1 8 9	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Prefer not to answer <input type="checkbox"/> Don't know
1.8	Other nicotine products	0 1 8 9	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Prefer not to answer <input type="checkbox"/> Don't know

Domain PASSIVE SMOKING EXPOSURE

1) Until the age of 18, for how many years did you live with a person who smoked cigarettes, cigars or pipes inside your home?

___ Years

- 0 None
- 88 Prefer not to answer
- 99 Don't know

2) In your whole adult life, from age 18 years to now, for how many years did you live with a person who smoked cigarettes, cigars or pipes inside your home?

___ Years

- 0 None
- 888 Prefer not to answer
- 999 Don't know

3) In your whole adult life, from age 18 years to now, for how many years did you regularly work in an environment where other people smoked cigarettes, cigars or pipes in your presence?

___ Years

- 0 None
- 888 Prefer not to answer
- 999 Don't know

4) At home how often are you usually exposed to other people's tobacco smoke...?

- 0 Never
- 1 At least once a month
- 2 At least once a week
- 3 Almost every day
- 4 Every day
- 88 Prefer not to answer
- 99 Don't know

5) During leisure undertaken outside of your home, how often are you usually exposed to other people's tobacco smoke?

- 0 Never
- 1 At least once a month
- 2 At least once a week
- 3 Almost every day
- 4 Every day
- 88 Prefer not to answer
- 99 Don't know

6) At work how often are you usually exposed to other people's tobacco smoke?

- 0 Never
- 1 At least once a month
- 2 At least once a week
- 3 Almost every day
- 4 Every day
- 88 Prefer not to answer
- 99 Don't know

Domain ALCOHOL INTAKE

Now, some questions about your alcohol consumption.

1) Have you ever drunk alcohol?

- 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 NUTRITION domain, page 39

2) About how often during the past 12 months did you drink alcohol?

0	<input type="checkbox"/>	Never	→	Go to 5
1	<input type="checkbox"/>	Less than once a month	→	Go to 4.1 if male or to 4.2 if female
2	<input type="checkbox"/>	About once a month	→	Go to 4.1 if male or to 4.2 if female
3	<input type="checkbox"/>	2 to 3 times a month	→	Go to 4.1 if male or to 4.2 if female
4	<input type="checkbox"/>	Once a week	→	Go to 3
5	<input type="checkbox"/>	2 to 3 times a week	→	Go to 3
6	<input type="checkbox"/>	4 to 5 times a week	→	Go to 3
7	<input type="checkbox"/>	Almost every day (including 6 times a week)	→	Go to 3
88	<input type="checkbox"/>	Prefer not to answer	→	Go to 5
99	<input type="checkbox"/>	Don't know	→	Go to 5

Specifications: Alcohol includes red or white wine, beer, spirit or liquor and other kinds of alcohol including sake, cider, sparkling wine, rosé etc.

*Skip pattern: If NEVER, PREFER NOT TO ANSWER or DON'T KNOW, go to 5, page 38
If LESS THAN ONCE A WEEK go to 4.1 if male or to 4.2 if female, page 37.
If ONCE A WEEK OR MORE go to 3, page 36.*

3) In a typical week during the past 12 months, how many drinks of red wine, white wine, beer, liquor or spirit do you drink on weekdays and weekends?

Type of alcohol	Number of drinks on weekdays (Sunday to Thursday)	Number of drinks on weekends (Friday to Saturday)
Red wine (one glass of wine of 142ml or 5 ounces)	_ _ _ Drinks 888= Prefer not to answer 999= Don't know	_ _ _ Drinks 888= Prefer not to answer 999= Don't know
White wine (one glass of wine of 142 ml or 5 ounces)	_ _ _ Drinks 888= Prefer not to answer 999= Don't know	_ _ _ Drinks 888= Prefer not to answer 999= Don't know
Beer (one bottle or can of beer or a glass of draft beer of 341 ml or 12 ounces)	_ _ _ Drinks 888= Prefer not to answer 999= Don't know	_ _ _ Drinks 888= Prefer not to answer 999= Don't know
Liquor and Spirit (one straight or mixed drink with 1 and ½ ounces of liquor)	_ _ _ Drinks 888= Prefer not to answer 999= Don't know	_ _ _ Drinks 888= Prefer not to answer 999= Don't know
Other kind of alcohol	_ _ _ Drinks 888= Prefer not to answer 999= Don't know	_ _ _ Drinks 888= Prefer not to answer 999= Don't know

Specifications: A drink means one glass of wine or a wine cooler (142 ml, 5 ounces), one bottle or can of beer or a glass of draft (341 ml, 12 ounces), one straight or mixed drink with 1 and a 1/2 ounces of liquor.

4.1) About how often during the past 12 months would you say you had five or more drinks at the same sitting or on one occasion?

Instructions: Answer only if you are a man.

- 0 Never
- 1 1 to 5 times a year
- 2 6 to 11 times a year
- 3 About once a month
- 4 2 to 3 times a month
- 5 Once a week
- 6 2 to 3 times a week
- 7 4 to 5 times a week
- 8 Almost every day (including 6 times a week)
- 88 Prefer not to answer
- 99 Don't know

Specifications: A drink means one glass of wine or a wine cooler (142 ml, 5 ounces), one bottle or can of beer or a glass of draft beer (341 ml, 12 ounces), one straight or mixed drink with 1½ ounces of liquor.

Skip pattern: Go to 5, page 38.

4.2) About how often during the past 12 months would you say you had four or more drinks at the same sitting or occasion?

Instructions: Ask only if you are a woman.

- 0 Never
- 1 1 to 5 times a year
- 2 6 to 11 times a year
- 3 About once a month
- 4 2 to 3 times a month
- 5 Once a week
- 6 2 to 3 times a week
- 7 4 to 5 times a week
- 8 Almost every day (including 6 times a week)
- 88 Prefer not to answer
- 99 Don't know

Specifications: A drink means one glass of wine or a wine cooler (142 ml, 5 ounces), one bottle or can of beer or a glass of draft beer (341 ml, 12 ounces), one straight or mixed drink with 1½ ounces of liquor.

15) How does your current consumption of alcohol compare to your heaviest period of drinking?

- 1 About the same
- 2 Less than the heaviest period of drinking
- 88 Prefer not to answer
- 99 Don't know

Domain NUTRITION

1) In a typical day, how many servings of vegetables do you eat? A serving of fresh, frozen, canned or cooked leafy vegetables is about ½ cup or 125mL.

_____servings/day

88 Prefer not to answer

99 Don't know

2) In a typical day, how many servings of fruit (not including fruit juice) do you eat? A serving is about ½ cup fresh, frozen or canned fruit.

_____servings/day

88 Prefer not to answer

99 Don't know

3) In a typical day, how many servings of 100% fruit or vegetable juice do you drink? This includes mixtures of fruits and vegetables juice, but not fruit drinks or fruit cocktails. A serving is about ½ cup or 125 mL.

_____servings/day

88 Prefer not to answer

99 Don't know

Domain SLEEP

Now, some questions about your pattern of sleep.

1) On average how many hours per day do you usually sleep including naps?

____Hours

- 88 Prefer not to answer
99 Don't know

Specifications: Here a day refers to a 24 hour period (the question does NOT refer to daytime versus night-time sleep.)The number of hours may contain a decimal if necessary.

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

- 0 None of the time
1 A little of the time
2 Some of the time
3 Most of the time
4 All of the time
88 Prefer not to answer
99 Don't know

3) On average how much light enters your room while you are sleeping?

- 0 Virtually no light
1 Some light
2 A lot of light
88 Prefer not to answer
99 Don't know

Domain UV EXPOSURE

1) What is your natural hair color? If your hair is now grey, please select the color of your hair before it turned grey.

- 1 Blonde
- 2 Red
- 3 Light Brown
- 4 Dark Brown
- 5 Black
- 88 Prefer not to answer
- 99 Don't know

2.1) In the summer months, how much time each day do you typically spend in the sun between 11 am and 4 pm on weekdays?

- 1 Less than 30 minutes
- 2 30 to 59 minutes
- 3 1 hour to less than 2 hours
- 4 2 hours to less than 3 hours
- 5 3 hours to less than 4 hours
- 6 4 hours to 5 hours
- 88 Prefer not to answer
- 99 Don't know

2.2) In the summer months, how much time each day do you spend typically in the sun between 11 am and 4 pm on weekends?

- 1 Less than 30 minutes
- 2 30 to 59 minutes
- 3 1 hour to less than 2 hours
- 4 2 hours to less than 3 hours
- 5 3 hours to less than 4 hours
- 6 4 hours to 5 hours
- 88 Prefer not to answer
- 99 Don't know

3) In the summer months, when you are in the sun for 30 minutes or more, how often do you use sun protection including sunscreen lotion, hat or protective clothing?

- 0 Never
- 1 Rarely
- 2 Sometimes
- 3 Often
- 4 Always
- 88 Prefer not to answer
- 99 Don't know

4) In the past 12 months, how many times have you used artificial tanning equipment such as a tanning bed, sunlamp or tanning light for any reason, including medical reasons?

- 0 Never
- 1 1 to 4
- 2 5 to 9
- 3 10 to 14
- 4 15 to 19
- 5 20 to 24
- 6 25 or more
- 88 Prefer not to answer
- 99 Don't know

5) After several months of not being in the sun, if you then went out in the sun during the summer and in the middle of the day without sunscreen or protective clothing for one hour, which one of these would happen to your skin?

- 1 Nothing would happen in 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
- 88 Prefer not to answer
- 99 Don't know

Specifications: If you do not go out in the sun, make your best guess of what would happen if you did.

Domain PHYSICAL ACTIVITY

We are going to ask you about the time you spent being physically active in the last 7 days. Please answer each question even if you do not consider yourself to be an active person. Think about the activities you do at work, as part of your house and yard work, to get from place to place, and in your spare time for recreation, exercise or sport.

PART 1: JOB-RELATED PHYSICAL ACTIVITY

The first section is about your work. This includes paid jobs, farming, volunteer work, course work, and any other unpaid work that you did outside your home. Do not include unpaid work you might do around your home, like housework, yard work, general maintenance, and caring for your family. These are asked in Part 3.

1. Do you currently have a job or do any unpaid work outside your home?

- 0 No **—————>** *Skip to PART 2: TRANSPORTATION
PHYSICAL ACTIVITY, page 47*
- 1 Yes
- 8 Prefer not to answer
- 9 Don't know

The next questions are about all the physical activity you did in the last 7 days as part of your paid or unpaid work. This does not include traveling to and from work.

2. During the last 7 days, on how many days did you do vigorous physical activities like heavy lifting, digging, heavy construction, or climbing up stairs as part of your work? Think about only those physical activities that you did for at least 10 minutes at a time.

_____ Days per week

77 No vigorous job-related physical activity → *Skip to question 4, page 45*

8 Prefer not to answer

9 Don't know

3. How much time did you usually spend on one of those days doing vigorous physical activities as part of your work?

Instructions: Indicate hours AND minutes

_____ Hours per day

_____ Minutes per day

8888 Prefer not to answer

9999 Don't know

4. Again, think about only those physical activities that you did for at least 10 minutes at a time. During the last 7 days, on how many days did you do moderate physical activities like carrying light loads as part of your work? Please do not include walking.

_____ Days per week

77 No moderate job-related physical activity → *Skip to question 6*

8 Prefer not to answer

9 Don't know

5. How much time did you usually spend on one of those days doing moderate physical activities as part of your work?

Instructions: Indicate hours AND minutes

_____ Hours per day

_____ Minutes per day

8888 Prefer not to answer

9999 Don't know

6. During the last 7 days, on how many days did you walk for at least 10 minutes at a time as part of your work? Please do not count any walking you did to travel to or from work.

_____ Days per week

77 No job-related walking

8 Prefer not to answer

9 Don't know

→ *Skip to PART 2:
TRANSPORTATION
PHYSICAL ACTIVITY , page 47*

7. **How much time did you usually spend on one of those days walking as part of your work?**

Instructions: Indicate hours AND minutes.

_____ Hours per day

_____ Minutes per day

8888 Prefer not to answer

9999 Don't know

PART 2: TRANSPORTATION PHYSICAL ACTIVITY

These questions are about how you traveled from place to place, including to places like work, stores, movies, and so on.

8. **During the last 7 days, on how many days did you travel in a motor vehicle like a train, bus, car, or metro?**

_____ Days per week

77 No traveling in a motor vehicle

**→ Skip to question 10,
page 48**

8 Prefer not to answer

9 Don't know

9. **How much time did you usually spend on one of those days traveling in a train, bus, car, metro, or other kind of motor vehicle?**

Instructions: Indicate hours AND minutes.

_____ Hours per day

_____ Minutes per day

8888 Prefer not to answer

9999 Don't know

Now think only about the bicycling and walking you might have done to travel to and from work, to do errands, or to go from place to place.

10. During the last 7 days, on how many days did you bicycle for at least 10 minutes at a time to go from place to place?

_____ Days per week

77 No bicycling from place to place → *Skip to question 12*

8 Prefer not to answer

9 Don't know

11. How much time did you usually spend on one of those days to bicycle from place to place?

Instructions: Indicate hours AND minutes.

_____ Hours per day

_____ Minutes per day

8888 Prefer not to answer

9999 Don't know

12. During the last 7 days, on how many days did you walk for at least 10 minutes at a time to go from place to place?

_____ Days per week

77 No walking from place to place → *Skip to PART 3: HOUSEWORK, HOUSE MAINTENANCE, AND CARING FOR FAMILY, page 50*

8 Prefer not to answer

9 Don't know

13. **How much time did you usually spend on one of those days walking from place to place?**

Instructions: Indicate hours AND minutes.

_____ Hours per day

_____ Minutes per day

8888 Prefer not to answer

9999 Don't know

PART 3: HOUSEWORK, HOUSE MAINTENANCE, AND CARING FOR FAMILY

This section is about some of the physical activities you might have done in the last 7 days in and around your home, like housework, gardening, yard work, general maintenance work, and caring for your family.

14. Think about only those physical activities that you did for at least 10 minutes at a time. During the last 7 days, on how many days did you do vigorous physical activities like heavy lifting, chopping wood, shovelling snow, or digging in the garden or yard?

_____ Days per week

- 77 No vigorous activity in garden or yard → *Skip to question 16, page 51*
- 8 Prefer not to answer
- 9 Don't know

15. How much time did you usually spend on one of those days doing vigorous physical activities in the garden or yard?

Instructions: Indicate hours AND minutes.

_____ Hours per day

_____ Minutes per day

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

16. **Again, think about only those physical activities that you did for at least 10 minutes at a time. During the last 7 days, on how many days did you do moderate activities like carrying light loads, sweeping, washing windows, and raking in the garden or yard?**

_____ Days per week

- 77 No moderate activity in garden or yard → *Skip to question 18*
- 8 Prefer not to answer
- 9 Don't know

17. **How much time did you usually spend on one of those days doing moderate physical activities in the garden or yard?**

Instructions: Indicate hours AND minutes.

_____ Hours per day

_____ Minutes per day

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

18. **Once again, think about only those physical activities that you did for at least 10 minutes at a time. During the last 7 days, on how many days did you do moderate activities like carrying light loads, washing windows, scrubbing floors and sweeping inside your home?**

_____ Days per week

- 77 No moderate activity inside home → *Skip to PART 4: RECREATION, SPORT AND LEISURE-TIME PHYSICAL ACTIVITY, page 53*
- 8 Prefer not to answer
- 9 Don't know

19. **How much time did you usually spend on one of those days doing moderate physical activities inside your home?**

Instructions: Indicate hours AND minutes.

_____ Hours per day

_____ Minutes per day

8888 Prefer not to answer

9999 Don't know

PART 4: RECREATION, SPORT, AND LEISURE-TIME PHYSICAL ACTIVITY

This section is about all the physical activities that you did in the last 7 days solely for recreation, sport, exercise or leisure. Please do not include any activities you have already mentioned.

20. **Not counting any walking you have already mentioned, during the last 7 days, on how many days did you walk for at least 10 minutes at a time in your leisure time?**

_____ Days per week

77 No walking in leisure time → *Skip to question 22, page 54*

8 Prefer not to answer

9 Don't know

21. **How much time did you usually spend on one of those days walking in your leisure time?**

Instructions: Indicate hours AND minutes.

_____ Hours per day

_____ Minutes per day

8888 Prefer not to answer

9999 Don't know

22. **Think about only those physical activities that you did for at least 10 minutes at a time. During the last 7 days, on how many days did you do vigorous physical activities like aerobics, running, fast bicycling, or fast swimming in your leisure time?**

_____ Days per week

- 77 No vigorous activity in leisure time → *Skip to question 24*
- 8 Prefer not to answer
- 9 Don't know

23. **How much time did you usually spend on one of those days doing vigorous physical activities in your leisure time?**

Instructions: Indicate hours AND minutes.

_____ Hours per day

_____ Minutes per day

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

24. **Again, think about only those physical activities that you did for at least 10 minutes at a time. During the last 7 days, on how many days did you do moderate physical activities like bicycling at a regular pace, swimming at a regular pace, and doubles tennis in your leisure time?**

_____ Days per week

- 77 No moderate activity in leisure time → *Skip to PART 5: TIME SPENT SITTING, page 56*
- 8 Prefer not to answer
- 9 Don't know

25. **How much time did you usually spend on one of those days doing moderate physical activities in your leisure time?**

Instructions: Indicate hours AND minutes.

_____ Hours per day

_____ Minutes per day

8888 Prefer not to answer

9999 Don't know

PART 5: TIME SPENT SITTING

The last questions are about the time you spend sitting while at work, at home, while doing course work and during leisure time. This may include time spent sitting at a desk, visiting friends, reading or sitting or lying down to watch television. Do not include any time spent sitting in a motor vehicle that you have already told me about.

26. **During the last 7 days, how much time did you usually spend sitting on a weekday?**

Instructions: Indicate hours AND minutes.

_____ Hours per day

_____ Minutes per day

8888 Prefer not to answer

9999 Don't know

27. **During the last 7 days, how much time did you usually spend sitting on a weekend day?**

Instructions: Indicate hours AND minutes.

_____ Hours per day

_____ Minutes per day

8888 Prefer not to answer

9999 Don't know

SECTION D: MENTAL STATUS

Now we want to explore how you feel about yourself and your health

Domain PERCEPTION OF GENERAL HEALTH

1) In general, would you say your health is...?

- 1 Poor
- 2 Fair
- 3 Good
- 4 Very Good
- 5 Excellent
- 88 Prefer not to answer
- 99 Don't know

Domain DEPRESSIVE SYMPTOMS

1) Over the last 2 weeks, how often have you been bothered by any of the following problems?

Instructions: Read all items and check ONE answer for each question.

		Not at all	Several days	More than half the days	Nearly every day
a	Little interest or pleasure in doing things	<input type="checkbox"/> (0)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)
b	Feeling down, depressed, or hopeless	<input type="checkbox"/> (0)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)
c	Trouble falling/staying asleep, sleeping too much	<input type="checkbox"/> (0)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)
d	Feeling tired or having little energy	<input type="checkbox"/> (0)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)
e	Poor appetite or overeating	<input type="checkbox"/> (0)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)
f	Feeling bad about yourself – or that you are a failure or have let yourself or your family down.	<input type="checkbox"/> (0)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)
g	Trouble concentrating on things, such as reading the newspaper or watching television.	<input type="checkbox"/> (0)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)
h	Moving or speaking so slowly that other people could have noticed. Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual.	<input type="checkbox"/> (0)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)
i	Thoughts that you would be better off dead or of hurting yourself in some way.	<input type="checkbox"/> (0)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)

2) If you checked off any problem on question 1 so far, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

- 0 Not difficult at all
- 1 Somewhat Difficult
- 2 Very Difficult
- 3 Extremely Difficult

Domain ANXIETY SYMPTOMS

1) Over the last 2 weeks, how often have you been bothered by any of the following problems?

Instructions: Read all items and check ONE answer for each question.

		Not at all	Several days	More than half the days	Nearly every day
1.	Feeling nervous, anxious or on edge	<input type="checkbox"/> (0)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)
2.	Not being able to stop or control worrying	<input type="checkbox"/> (0)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)
3.	Worrying too much about different things	<input type="checkbox"/> (0)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)
4.	Trouble relaxing	<input type="checkbox"/> (0)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)
5.	Being so restless that it is hard to sit still	<input type="checkbox"/> (0)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)
6.	Becoming easily annoyed or irritable	<input type="checkbox"/> (0)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)
7.	Feeling afraid as if something awful might happen	<input type="checkbox"/> (0)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)

2) If you checked off any problem on question 1 so far, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

- 0 Not difficult at all
- 1 Somewhat Difficult
- 2 Very Difficult
- 3 Extremely Difficult

SECTION E: PSYCHOSOCIAL ENVIRONMENT

Domain STRESS AT WORK

Now you are going to read a series of statements about your current main job. Please indicate whether you strongly disagree, disagree, agree or strongly agree with each statement.

1.1) My job requires that I learn new things.

- 1 Strongly Disagree
- 2 Disagree
- 3 Agree
- 4 Strongly Agree
- 77 Does not apply
- 88 Prefer not to answer
- 99 Don't know

1.2) My job requires a high level of skill.

- 1 Strongly Disagree
- 2 Disagree
- 3 Agree
- 4 Strongly Agree
- 77 Does not apply
- 88 Prefer not to answer
- 99 Don't know

1.3) My job involves a lot of repetitive work.

- 1 Strongly Disagree
- 2 Disagree
- 3 Agree
- 4 Strongly Agree
- 77 Does not apply
- 88 Prefer not to answer
- 99 Don't know

1.4) On my job, I have the freedom to decide how I do my work.

- 1 Strongly Disagree
- 2 Disagree
- 3 Agree
- 4 Strongly Agree
- 77 Does not apply
- 88 Prefer not to answer
- 99 Don't know

1.5) I have a lot of say about what happens on my job.

- 1 Strongly Disagree
- 2 Disagree
- 3 Agree
- 4 Strongly Agree
- 77 Does not apply
- 88 Prefer not to answer
- 99 Don't know

2.1) My job requires working very fast.

- 1 Strongly Disagree
- 2 Disagree
- 3 Agree
- 4 Strongly Agree
- 77 Does not apply
- 88 Prefer not to answer
- 99 Don't know

2.2) I am asked to do an excessive amount of work.

- 1 Strongly Disagree
- 2 Disagree
- 3 Agree
- 4 Strongly Agree
- 77 Does not apply
- 88 Prefer not to answer
- 99 Don't know

2.3) I have enough time to get the job done.

- 1 Strongly Disagree
- 2 Disagree
- 3 Agree
- 4 Strongly Agree
- 77 Does not apply
- 88 Prefer not to answer
- 99 Don't know

2.4) I receive conflicting demands that others make.

- 1 Strongly Disagree
- 2 Disagree
- 3 Agree
- 4 Strongly Agree
- 77 Does not apply
- 88 Prefer not to answer
- 99 Don't know

2.5) My job requires working very hard.

- 1 Strongly Disagree
- 2 Disagree
- 3 Agree
- 4 Strongly Agree
- 77 Does not apply
- 88 Prefer not to answer
- 99 Don't know

Specifications: The job is mentally or physically very demanding.

3.1) People I work with are helpful in getting the job done.

- 1 Strongly Disagree
- 2 Disagree
- 3 Agree
- 4 Strongly Agree
- 77 Works alone
- 88 Prefer not to answer
- 99 Don't know

Skip pattern: If WORKS ALONE go to 4.1, page 65.

3.2) I am exposed to hostility or conflict from my co-workers.

- 1 Strongly Disagree
- 2 Disagree
- 3 Agree
- 4 Strongly Agree
- 77 Works alone
- 88 Prefer not to answer
- 99 Don't know

Skip pattern: If WORKS ALONE go to 4.1, page 65.

3.3) My supervisor is helpful in getting the job done.

- 1 Strongly Disagree
- 2 Disagree
- 3 Agree
- 4 Strongly Agree
- 66 Does not have a superior
- 77 Does not apply
- 88 Prefer not to answer
- 99 Don't know

3.4) I am exposed to hostility or conflict from my supervisor.

- 1 Strongly Disagree
- 2 Disagree
- 3 Agree
- 4 Strongly Agree
- 66 Does not have a superior
- 77 Does not apply
- 88 Prefer not to answer
- 99 Don't know

Specifications: This includes an aggressive attitude of the immediate supervisor.

4.1) My efforts at work are sufficiently appreciated.

- 1 Strongly Disagree
- 2 Disagree
- 3 Agree
- 4 Strongly Agree
- 77 Does not apply
- 88 Prefer not to answer
- 99 Don't know

Domain MAJOR LIFE EVENTS

1) In the course of the last 12 months, have you experienced any major stressful events such as the loss of a loved one, a serious illness, or serious family or financial difficulties?

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

Domain SOCIAL SUPPORT

1) Is there anyone to whom you can speak to about your feelings and worries?

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

2) Is there anyone you trust to give you advice when you need to take important personal decisions?

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

3) Is there anyone who makes you feel loved?

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

ACKNOWLEDGEMENTS

Thank you for completing this part of the health questionnaire. The third and last part of the questionnaire will be administrated by a nurse or an interviewer.

TIME OF THE END

— —

HOURS

— —

MINUTES

SECTION F: INDIVIDUAL HISTORY OF DISEASES

Now, I'd like to ask about important health conditions which you may have, or have had.

Domain ENDOCRINE NUTRITIONAL AND METABOLIC DISEASES

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

Specifications: Diabetes refers to high blood sugar levels.

Skip pattern: If NO, PREFER NOT TO ANSWER or DON'T KNOW, go to 2.1, page 71.

1.2) Is (or was) it gestational diabetes only, type 1 or type 2 diabetes?

- 1 Gestational diabetes only (if woman)
- 2 Type 1
- 3 Type 2
- 8 Prefer not to answer
- 9 Don't know

Specifications: 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. All people with type 1 diabetes require treatment with 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. Some people with type 2 diabetes require treatment with insulin, but others are treated with alternative medication, or just with a diet.

1.3) What was your age when the diabetes was first diagnosed? Or in what year was it diagnosed?

____ Age

OR

____ Year (date)

8888 Prefer not to answer

9999 Don't know

1.4) 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

1.5) Are you currently under medical treatment for diabetes?

0 No

1 Yes

8 Prefer not to answer

9 Don't know

2.1) Has a doctor ever told you that you had thyroid 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 3.1, page 72

2.2) Is (or was) it hyperthyroidism or hypothyroidism?

- 1 Hyperthyroidism
- 2 Hypothyroidism
- 8 Prefer not to answer
- 9 Don't know

Specifications: Hyperthyroidism indicates too much thyroid hormone is produced. Hypothyroidism implies too little is produced.

2.3) What was your age when your thyroid disease was first diagnosed? Or, in what year was it diagnosed?

____ Age

OR

____ Year (date)

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

2.4) Are you currently under medical treatment for your thyroid disease?

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

3.1) Have you ever had your blood cholesterol measured?

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

3.2) 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 DISEASES OF THE CIRCULATORY SYSTEM, page 73.

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

____Age

OR

____Year (date)

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

3.4) Are you currently under medical treatment for high blood cholesterol?

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

Domain DISEASES OF THE CIRCULATORY SYSTEM

4.1) Has a doctor ever told you that you had high blood pressure or hypertension, other than high blood pressure occurring only in pregnancy?

- 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 5.1, page 74.

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

____ Age

OR

____ Year (date)

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

4.3) Are you currently under medical treatment for high blood pressure or hypertension?

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

5.1) Has a doctor ever told you that you had angina?

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

Specification: Angina is chest pain or discomfort that occurs when the heart muscle doesn't get enough blood. It typically comes on during exercise, and is often investigated using an "exercise ECG stress test".

Skip pattern: If NO, PREFER NOT TO ANSWER or DON'T KNOW, go to 6.1, page 75.

5.2) What was your age when angina was first diagnosed? Or, in what year was it diagnosed?

____ Age

OR

____ Year (date)

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

5.3) Are you currently under medical treatment for angina?

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

6.1) 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 7.1, page 76.

6.2) 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

6.3) When you walk uphill or hurry does this produce the pain?

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

7.1) Has a doctor ever told you that you have had a stroke?

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

Specifications: A stroke involves the death of a number of brain cells due to a lack of oxygen when the blood flow to part of the brain is impaired by blockage or rupture of an artery to the brain. A stroke is sometimes called a cerebrovascular accident or a CVA.

Skip pattern: If NO or PREFER NOT TO ANSWER OR DON'T KNOW, go to 8.1, page 77.

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

____ Age

OR

____ Year (date)

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

7.3) Are you currently under any medical treatment for stroke?

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

8.1) Has a doctor ever told you that you have had a myocardial infarction or 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 9.1, page 78.

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

____ Age

OR

____ Year (date)

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

8.3) Are you currently under medical treatment for myocardial infarction or heart attack?

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

Domain DISEASES OF THE RESPIRATORY SYSTEM

9.1) 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 10.1, page 79.

9.2) What was your age when asthma was first diagnosed? Or, in what year was it diagnosed?

____ Age

OR

____ Year (date)

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

9.3) Are you currently under medical treatment for asthma?

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

10.1) Has a doctor ever told you that you had chronic bronchitis?

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

Specifications: Chronic bronchitis is a form of chronic obstructive pulmonary disease (COPD). Chronic bronchitis is defined as a daily cough with production of sputum for at least 3 months in the year, for at least two years in a row, in the absence of any other known respiratory disease.

Skip pattern: If NO or PREFER NOT TO ANSWER OR DON'T KNOW, go to 11.1, page 80.

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

___ Age

OR

___ Year (date)

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

10.3) Are you currently under medical treatment for chronic bronchitis?

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

11.1) Has a doctor ever told you that you had 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 12.1, page 81.

11.2) What was your age when emphysema was first diagnosed? Or, in what year was it diagnosed?

____ Age

OR

____ Year (date)

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

11.3) Are you currently under medical treatment for emphysema?

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

Domain ALLERGIES AND FOOD INTOLERANCES

12.1) Has a doctor ever told you that you had allergies or food intolerances?

- 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 13.1, page 82.

12.2) What kinds of allergies were they?

Instructions: Read all categories. More than one answer is possible.

- 1.1 Animals
- 1.2 Food
- 1.3 Medication
- 1.4 Pollen
- 1.5 Metal - Jewellery
- 1.6 Insect strings, bites
- 1.7 Latex
- 1.8 Other
- 88 88= Prefer not to answer
- 99 99= Don't know

Skip pattern: If Other go to 12.3, otherwise go to 13.1, page 82.

12.3) Please specify what type of "Other" allergy that it was.

OPEN _____

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

Domain NEOPLASMS

13.1) Has a doctor ever told you that you had cancer or a malignancy of any kind?

- 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 14.1, page 89.

13.2) What type of cancer or malignancy of any kind was it?

Instructions: Select the code of cancer from the ICD 10 list (below)

- 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 (including Malignant melanoma of the skin; Other malignant neoplasms of the skin)
- 14 Cervix
- 15 Uterus
- 16 Kidney
- 17 Bladder
- 18 Brain
- 19 Thyroid
- 20 Non-Hodgkin's lymphoma (including Follicular [nodular] non-Hodgkin's lymphoma; Diffuse non-Hodgkin's lymphoma; Peripheral and cutaneous T-cell lymphomas; Other and unspecified types of non-Hodgkin's lymphoma)
- 21 Leukaemia (including Lymphoid leukaemia; Myeloid leukaemia; Monocytic leukaemia; Other leukaemias of specified cell type; Leukaemia of unspecified cell type)
- 22 other
- 88 Prefer not to answer
- 99 Don't know

Skip pattern: If OTHER, go to 13.3, otherwise go to 13.4, page 84.

13.3) Please specify what other type of cancer it was.

Instructions: If "Other", specify

OPEN _____

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

13.4) What was your age when this cancer was first diagnosed? Or, in what year was it first diagnosed?

____ Age

OR

____ Year (date)

8888 Prefer not to answer

9999 Don't know

13.5) Did you receive any treatment for this cancer?

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 13.8, page 85.

13.6) What treatment did you receive?

Instructions: Read all categories. More than one answer is possible.

1.1 Chemotherapy

1.2 Radiation

1.3 Surgery

1.4 Other

88 Prefer not to answer

99 Don't know

Skip pattern: If OTHER, go to 13.7, otherwise go to 13.8, page 85.

13.7) Please specify what other type of treatment it was.

OPEN _____

88 Prefer not to answer

99 Don't know

13.8) If you then had another different cancer or a malignancy of any kind, what type was it?

Instructions: Select the code of cancer from the ICD 10 list (below)

- 77 No second cancer
- 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 (including Malignant melanoma of the skin; Other malignant neoplasms of the skin)
- 14 Cervix
- 15 Uterus
- 16 Kidney
- 17 Bladder
- 18 Brain
- 19 Thyroid
- 20 Non-Hodgkin's lymphoma (including Follicular [nodular] non-Hodgkin's lymphoma; Diffuse non-Hodgkin's lymphoma; Peripheral and cutaneous T-cell lymphomas; Other and unspecified types of non-Hodgkin's lymphoma)
- 21 Leukaemia (including Lymphoid leukaemia; Myeloid leukaemia; Monocytic leukaemia; Other leukaemias of specified cell type; Leukaemia of unspecified cell type)
- 22 other
- 88 Prefer not to answer
- 99 Don't know

Skip pattern: If NO SECOND CANCER, go to 14.1, page 89. If OTHER go to 13.9, otherwise, go to 13.10, page 86.

13.9) Please specify what type of cancer it was.

OPEN _____

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

13.10) What was your age when this cancer was first diagnosed? Or, in what year was it first diagnosed?

____ Age

OR

____ Year (date)

8888 Prefer not to answer

9999 Don't know

13.11) Did you receive any treatment for this second cancer?

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 13.14, page 87.

13.12) What treatment did you receive?

Instructions: Read all categories. More than one answer is possible.

1.1 Chemotherapy

1.2 Radiation

1.3 Surgery

1.4 Other

88 Prefer not to answer

99 Don't know

Skip pattern: If OTHER, go to 13.13, otherwise go to 13.14, page 87.

13.13) Please specify what other type of treatment it was.

OPEN _____

88 Prefer not to answer

99 Don't know

13.14) If you then had another different cancer or a malignancy of any kind, what type was it?

Instructions: Select the code of cancer from the ICD 10 list (below)

- 77 No third cancer
- 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 (including Malignant melanoma of the skin; Other malignant neoplasms of the skin)
- 14 Cervix
- 15 Uterus
- 16 Kidney
- 17 Bladder
- 18 Brain
- 19 Thyroid
- 20 Non-Hodgkin's lymphoma (including Follicular [nodular] non-Hodgkin's lymphoma; Diffuse non-Hodgkin's lymphoma; Peripheral and cutaneous T-cell lymphomas; Other and unspecified types of non-Hodgkin's lymphoma)
- 21 Leukaemia (including Lymphoid leukaemia; Myeloid leukaemia; Monocytic leukaemia; Other leukaemias of specified cell type; Leukaemia of unspecified cell type)
- 22 other
- 88 Prefer not to answer
- 99 Don't know

Skip pattern: If NO THIRD CANCER, PREFER NOT TO ANSWER OR DON'T KNOW, go to 14.1 à la page 89, if other go 13.15, otherwise, go 13.16, page 88.

13.15) Please specify what other type of cancer it was.

OPEN _____

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

13.16) What was your age when this cancer was first diagnosed? Or, in what year was it first diagnosed?

____ Age

OR

____ Year (date)

8888 Prefer not to answer

9999 Don't know

13.17) Did you receive any treatment for this third cancer?

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 14.1, page 89.

13.18 What treatment did you receive?

Instructions: Read all categories. More than one answer is possible.

1.1 Chemotherapy

1.2 Radiation

1.3 Surgery

1.4 Other

88 Prefer not to answer

99 Don't know

Skip pattern: If OTHER, go to 13.19, otherwise go to 14.1, page 89.

13.19) Please specify what other type of cancer it was.

OPEN _____

88 Prefer not to answer

99 Don't know

Domain DISEASES OF THE DIGESTIVE SYSTEM

14.1) Has a doctor ever told you that you had a liver disorder such as cirrhosis or 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 15, page 90.

14.2) What kind of liver disorder was it?

Instructions: Read all categories. More than one answer is possible.

- 1.1 Cirrhosis
- 1.2 Chronic hepatitis
- 1.3 Other
- 88 Prefer not to answer
- 99 Don't know

Skip pattern: If OTHER, go to 14.3, otherwise go 15, page 90.

14.3) Please specify what other kind of liver disorder it was.

OPEN _____

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

15) Has a doctor ever told you that you had a gallbladder disease, such as stones or cholecystitis?

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

16) Has a doctor ever told you that you had stomach or gastric problems such as stomach or gastric ulcers or acid reflux?

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

17) Has a doctor ever told you that you were infected with Helicobacter pylori?

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

18.1) Has a doctor ever told you that you suffer from a bowel disorder such as Crohn's Disease, Ulcerative colitis, Irritable bowel syndrome, polyps or diverticular 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 19.1, page 92.

18.2) What kind of bowel disorder was it?

Instructions: Read all categories. More than one answer is possible.

- 1.1 Crohn's Disease
- 1.2 Ulcerative colitis
- 1.3 Irritable bowel syndrome
- 1.4 Intestinal ulcers
- 1.5 Polyps
- 1.6 Diverticular disease
- 1.7 Other
- 88 Prefer not to answer
- 99 Don't know

Skip pattern: If OTHER, go to 18.3, otherwise go to 19.1, page 92.

18.3) Please specify what other kind of bowel disorder it was.

OPEN _____

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

Domain DISEASES OF THE GENITOURINARY SYSTEM

19.1) Has a doctor ever told you that had kidney disease such as renal failure, renal infection or kidney stones?

- 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 20, page 94.

19.2) What kind of kidney disease was it?

Instructions: Read all categories. More than one answer is possible.

- 1.1 1.1 Renal failure
- 1.2 1.4 Renal infection
- 1.3 1.5 Kidney stones
- 1.4 1.6 Other
- 88 88= Prefer not to answer
- 99 99= Don't know

*Skip pattern: If RENAL FAILURE, go to 19.4,
If "OTHER, go to 19.3,
Otherwise go to 20, page 94.*

19.3) Please specify what other kind of kidney disease it was.

OPEN _____

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

19.4) What type of renal failure it was

- 1.1 Acute renal failure
- 1.2 Chronic renal failure
- 8 Prefer not to answer
- 9 Don't know

Specifications: Acute renal failure is a temporary condition and after recovery the kidney is able to function adequately again. Chronic renal failure is a permanent reduction in kidney function that often gets worse over time and can lead to a need for a kidney transplant or long-term dialysis treatment.

Skip pattern: If CHRONIC, go to 19.5, Otherwise go to 20, page 94.

19.5) Do you, or did you have dialysis treatment?

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

19.5) Have you, or have you had a kidney transplant?

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

Domain DISEASES OF THE MUSKULOSKELETAL SYSTEM AND CONNECTIVE TISSUE

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

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

21.1) Has a doctor ever told you that you had 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 22, page 95.

21.2) What kind of arthritis is it or was it?

Instructions: Read all categories. More than one answer is possible.

- 1.1 Rheumatoid arthritis
- 1.2 Osteoarthritis
- 1.3 Other
- 88 Prefer not to answer
- 99 Don't know

Skip pattern: If OTHER, go to 21.3, otherwise go to 22, page 95.

21.3) Please specify what other kind of arthritis it was.

OPEN _____

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

Domain AUTOIMMUNE DISEASES

22) Has a doctor ever told you that you suffer from systemic lupus erythematosus, often called SLE or “Lupus”?

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

Domain DISEASES OF THE SKIN AND SUBCUTANEOUS TISSUE

23.1) Has a doctor ever told you that you suffer from skin diseases such as eczema or psoriasis?

- 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 24.1, page 96

23.2) What kind of skin disease is it or was it?

Instructions: Read all categories. More than one answer is possible.

- 1.1 Eczema
- 1.2 Psoriasis
- 1.3 Other
- 88 Prefer not to answer
- 99 Don't know

Skip pattern: If OTHER, go to 23.3, otherwise go to 24.1 page 96.

23.3) Please specify what other kind of skin disease it was.

OPEN_____

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

Domain DISEASES OF THE EYES

24.1) Has a doctor ever told you that you had eye problems such as glaucoma, cataract, or 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 25.1, page 97.

24.2) What kinds of eye problems were they?

Instructions: *Read all categories. More than one answer is possible.*

- 1.1 Glaucoma
- 1.2 Cataract
- 1.3 Macular degeneration
- 1.4 Other
- 88 Prefer not to answer
- 99 Don't know

Skip pattern: If OTHER, go to 24.3, otherwise go to 25.1, page 97.

24.3) Please specify what other kind of eye problem it was.

OPEN _____

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

Domain DISEASES OF THE NERVOUS SYSTEM & MENTAL AND BEHAVIOURAL DISORDERS

25.1) Has a doctor ever told you that you had a neurological 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 26.1, page 98.

25.2) What type of neurological condition was this?

Instructions: Read all categories. More than one answer is possible.

- 1.1 Parkinson's disease
- 1.2 Epilepsy
- 1.3 Migraine headaches
- 1.4 Multiple sclerosis
- 1.5 Other
- 88 Prefer not to answer
- 99 Don't know

Skip pattern: If OTHER, go to 25.3, otherwise go to 26.1, page 98.

25.3) Please specify what other type of neurological condition it was.

OPEN _____

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

26.1) Has a doctor ever told you that you had depression?

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

Specification: Depression is sometimes called "burn-out".

Skip pattern: If NO or PREFER NOT TO ANSWER OR DON'T KNOW, go to 26.4.

26.2) What type of depression was it?

Instructions: Read all categories. More than one answer is possible.

- 1.1 Minor depression
- 1.2 Major unipolar depression
- 1.3 Major bipolar depression
- 1.4 Other
- 88 Prefer not to answer
- 99 Don't know

Specifications: Minor depression is sometimes called "mild depression" or just "depression". Major unipolar depression is major depression that is NOT referred to as either "bipolar depression" or "manic depression". Major bipolar depression is sometimes called manic depression.

Skip pattern: If other, go to 26.3

26.3) Please specify what other type of depression it was.

OPEN _____

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

26.4) Has a doctor ever told you that you had Schizophrenia?

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

Domain INDIVIDUAL HISTORY OF INJURIES

27.1) Has a doctor ever told you that you had fractured/broken any bones after the age of 40?

- 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 28.1, page 101.

27.2) Please specify which bone/bones was/were broken/fractured?

Instructions: Ask which bone was broken. More than one answer is possible. If the response of the participant is not enough precise enough, seek more precision. E.g.: If the response of the participant is "leg", ask if it is the "tibia/fibula or "Femur" or other.

Which bone(s) was (were) broken?

- 1.1 Vertebra (e)
- 1.2 Sternum
- 1.3 Sacrum
- 1.4 Wrist
- 1.5 Forearm
- 1.6 Humerus
- 1.7 Scapula
- 1.8 Clavicle
- 1.9 Rib (s)
- 1.10 Foot
- 1.11 Ankle
- 1.12 Tibia/ fibula
- 1.13 Femur
- 1.14 Hip
- 1.15 Pelvis
- 1.16 Other
- 88 Prefer not to answer
- 99 Don't know

Specification: The order of occurrence doesn't have importance.

Skip pattern: If OTHER, go to 27.3, otherwise go to 28.1, page 101.

27.3) Please specify which other bone it was.

OPEN _____

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

28.1) Has a doctor ever told you that you had any other long-term conditions not covered by any of the questions above?

- 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 WEIGHT HISTORY domain, page 104.

28.2) What other long-term condition was it?

OPEN _____

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

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

____ Age

OR

____ Year (date)

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

28.4) Are you currently under medical treatment for this condition?

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

29.1) If you had any other long-term conditions not covered by any of the questions above, what was it?

OPEN _____

- 0 No second major illness
- 8 Prefer not to answer
- 9 Don't know

Skip pattern: If NO SECOND MAJOR ILLNESS or PREFER NOT TO ANSWER OR DON'T KNOW, go to WEIGHT HISTORY domain, page 104.

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

____ Age

OR

____ Year (date)

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

29.3) Are you currently under medical treatment for this condition?

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

30.1) If you had any other long-term conditions not covered by any of the questions above, what was it?

OPEN _____

- 0 No third major illness
- 8 Prefer not to answer
- 9 Don't know

Skip pattern: If NO THIRD MAJOR ILLNESS or PREFER NOT TO ANSWER OR DON'T KNOW, go to WEIGHT HISTORY domain, page 104.

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

____ Age

OR

____ Year (date)

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

30.3) Are you currently under medical treatment for this condition?

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

Domain WEIGHT HISTORY

1) Please think of your appearance when you were a CHILD, about 10 years old, and compare it to other children your age. When you were a child, were you...?

Instructions: Read all categories.

- 1 Much slimmer than other children your age
- 2 Slimmer than other children your age
- 3 Similar to other children your age
- 4 Heavier than other children your age
- 5 Much heavier than other children your age
- 88 Prefer not to answer
- 99 Don't know

Now, think of your appearance as an ADULT.

2) About how much did you weigh approximately when you were 20 years old?

___ Weight lbs

OR

___ Weight kg

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

4) About how much did you weigh approximately when you were 40 years old?

___ Weight lbs

OR

___ Weight kg

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

SECTION G: MEDICAL CARE SYSTEM

Domain MAJOR OPERATIONS

1) Have you had any major operations?

Instructions: Participants may choose to give you their entire operative history, which is understandable since “major” operation means different things to different people. It is better to be inclusive and to record all operations that are mentioned, but you may choose not to seek additional details on minor operations of limited health importance such as removal of a sebaceous cyst.

- 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, and MAN go to SCREENING TESTS domain, page 112.

If NO or PREFER NOT TO ANSWER or DON'T KNOW, and WOMAN go to REMOVAL OF OVARIES domain, page 110.

1.2) What kind of major operation was it?

OPEN Major operation 1 _____

- 8 Prefer not to answer
9 Don't know

1.3) What was your age when you had this operation? Or, in what year did it happen?

____ Age

OR

____ Year (date)

- 8888 Prefer not to answer
9999 Don't know

2.1) Have you had another major operations?

- 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, and MAN go to SCREENING TESTS domain, page 112.

If NO or PREFER NOT TO ANSWER or DON'T KNOW, and WOMAN go to REMOVAL OF OVARIES domain, page 110.

2.2) What kind of major operation was it?

OPEN Major operation 2_____

- 8 Prefer not to answer
- 9 Don't know

2.3) What was your age when you had this operation? Or, in what year did it happen?

____ Age

OR

____ Year (date)

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

3.1) Have you had another major operations?

- 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, and MAN go to SCREENING TESTS domain, page 112.

If NO or PREFER NOT TO ANSWER or DON'T KNOW, and WOMAN go to REMOVAL OF OVARIES domain, page 110.

3.2) What kind of major operation was it?

OPEN Major operation 3_____

- 8 Prefer not to answer
- 9 Don't know

3.3) What was your age when you had this operation? Or, in what year did it happen?

____ Age

OR

____ Year (date)

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

4.1) Have you had another major operations?

- 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, and MAN go to SCREENING TESTS domain, page 112.

If NO or PREFER NOT TO ANSWER or DON'T KNOW, and WOMAN go to REMOVAL OF OVARIES domain, page 110.

4.2) What kind of major operation was it?

OPEN Major operation 4_____

- 8 Prefer not to answer
- 9 Don't know

4.3) What was your age when you had this operation? Or, in what year did it happen?

____ Age

OR

____ Year (date)

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

5.1) Have you had any major operations?

- 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, and MAN go to SCREENING TESTS domain, page 112.

If NO or PREFER NOT TO ANSWER or DON'T KNOW, and WOMAN go to REMOVAL OF OVARIES domain, page 110.

5.2) What kind of major operation was it?

OPEN Major operation 5_____

- 8 Prefer not to answer
- 9 Don't know

5.3) What was your age when you had this operation? Or, in what year did it happen?

____ Age

OR

____ Year (date)

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

Domain REMOVAL OF OVARIES

6.1) If women, did you have one or both ovaries removed?

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

Skip pattern: If NO, go to screening test domain, go to SCREENING TESTS domain, page 112.

6.2) First, did you have just one or both ovaries removed?

- 0 One
- 1 Both
- 8 Prefer not to answer
- 9 Don't know

Skip pattern: If ONE, go to 6.4, If BOTH, go to 6.3. Otherwise, go to SCREENING TESTS domain, page 112.

6.3) Were both ovaries removed at the same time?

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

Skip pattern: If NO, go to 6.4, otherwise, go to SCREENING TESTS domain, page 112.

6.4) What was your age when you had your *first ovary (or both ovaries)* removed? Or, in what year did you have your *[first] [ovary or ovaries]* removed?

_____ Age at (first) ovary removal

OR

_____ Date of (first) ovary removal (year)

8888 Prefer not to answer

9999 Don't know

Skip pattern: If BOTH ovaries were removed, and they were NOT removed at the same time go to 6.5, otherwise go to SCREENING TESTS domain, page 112.

6.5) What was your age when you had your second ovary removed? Or, in what year, did you have your second ovary removed?

_____ Age at second ovary removal

OR

_____ Date of second ovary removal (year)

8888 Prefer not to answer

9999 Don't know

Domain SCREENING TESTS

Skip pattern: If male go to 3.1, page 114.

1.1) Have you ever had mammography or a mammogram?

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

Specifications: A mammogram is an x-ray of the breast in a device that compresses and flattens the breast and is used as a screening test for breast cancer.

Skip pattern: If NO, PREFER NOT TO ANSWER or DON'T KNOW, go to 2.1.

1.2) When was the last time you had mammography or a mammogram?

Instructions: Read all categories.

- 1 Less than 6 months ago
- 2 6 months to less than 1 year ago
- 3 1 year to less than 2 years ago
- 4 2 years to less than 3 years ago
- 5 3 years or more years ago
- 88 Prefer not to answer
- 99 Don't know

2.1) Have you ever had a Pap test or a smear test?

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

Specifications: A Pap smear test, sometimes called a cervical smear, is a procedure in which cells are scraped from the cervix by a physician for examination under a microscope. Amongst other uses, it is often used as a screening test for cervical cancer.

Skip pattern: If NO, PREFER NOT TO ANSWER or DON'T KNOW, go to 4.1, page 114.

2.2) When was the last time you had a Pap test or a smear test?

Instructions: Read all categories.

- 1 Less than 6 months ago
- 2 6 months to less than 1 year ago
- 3 1 year to less than 2 years ago
- 4 2 years to less than 3 years ago
- 5 3 years or more years ago
- 88 Prefer not to answer
- 99 Don't know

Skip pattern: Go to 4.1, page 114.

3.1) Have you ever had a blood test for prostate cancer, that is a PSA blood test?

Instructions: If male

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

Specifications: A PSA test is a specific blood test ordered by a doctor to test men for prostate cancer.

Skip pattern: If NO, PREFER NOT TO ANSWER or DON'T KNOW, go to 4.1.

3.2) When was the last time you had a PSA blood test?

Instructions: If male. Read all categories.

- 1 Less than 6 months ago
- 2 6 months to less than 1 year ago
- 3 1 year to less than 2 years ago
- 4 2 years to less than 3 years ago
- 5 3 years or more years ago
- 88 Prefer not to answer
- 99 Don't know

4.1) Have you ever had a fecal occult blood test or a FOBT?

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

Specifications: A fecal occult blood test or FOBT is a test to check for hidden blood in your stool, where you have a bowel movement and use a stick to smear a small sample on a special card. It is usually collected at home and three days in a row.

Skip pattern: If NO, PREFER NOT TO ANSWER or DON'T KNOW, go to 5.1, page 115.

4.2) When was the last time you had a FOBT?

Instructions: Read all categories.

- 1 Less than 6 months ago
- 2 6 months to less than 1 year ago
- 3 1 year to less than 2 years ago
- 4 2 years to less than 3 years ago
- 5 3 years or more years ago
- 88 Prefer not to answer
- 99 Don't know

5.1) Have you ever had a sigmoidoscopy or a colonoscopy?

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

Specifications: These are tests where a tube is inserted into the rectum to view the bowel for early signs of cancer and other health problems.

Skip pattern: If NO, PREFER NOT TO ANSWER or DON'T KNOW, go to 6, page 116.

5.2) When was the last time you had a sigmoidoscopy or a colonoscopy?

- 1 Less than 6 months ago
- 2 6 months to less than 1 year ago
- 3 1 year to less than 2 years ago
- 4 2 years to less than 3 years ago
- 5 3 years or more years ago
- 88 Prefer not to answer
- 99 Don't know

6) When was the last time you saw a dental professional, including dentist or hygienist?

Instructions: Read all categories.

- 0 Never
- 1 Less than 6 months ago
- 2 6 months to less than 1 year ago
- 3 1 year to less than 2 years ago
- 4 2 years to less than 3 years ago
- 5 3 years or more years ago
- 88 Prefer not to answer
- 99 Don't know

7) Do you have routine medical check-ups, undertaken by a doctor or a nurse, etc?

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

Specifications: A medical check-up involves a series of general health related questions and a physical examination.

Skip pattern: If NO, go to PRESCRIBED MEDICATION domain, page 117.

8) When was the last time you had a routine medical check-up?

Instructions: Read all categories.

- 0 Never had a medical check-up
- 1 Less than 6 months ago
- 2 6 months to less than 1 year ago
- 3 1 year to less than 2 years ago
- 4 2 years to less than 3 years ago
- 5 3 years or more years ago
- 88 Prefer not to answer
- 99 Don't know

SECTION H: MEDICATION INTAKE

Domain PRESCRIBED MEDICATION

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

1) Are you currently taking any prescribed medications?

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

Specification: Prescribed medications all medications including hormonal contraception and other hormonal therapies.

Skip pattern: If NO, PREFER NOT TO ANSWER or DON'T KNOW, go to OTHER PRODUCTS domain, page 120.

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

Instructions:

If you have access to the bottles and containers, write down the name of the medication. Specify for each prescribed medication the source of information without asking the participant. For each prescribed medication, repeat the set of questions.

If you don't have access to the bottles and containers, ask the participant, repeat the set of questions for each prescribed medication. Between each set of questions ask if they are taking any other prescribed medication. Specify for each prescribed medication the source of information without asking the participant. After each medication, ask the participant if he takes another medication.

List of medication	What is the name of the medication?			Source of information			What is the last time you took the medication during the last 3 days		
Medication 1	_____			0	<input type="checkbox"/>	Recorded directly from package	1	<input type="checkbox"/>	Today : _____ HH :MM)
	88	<input type="checkbox"/>	Prefer not to answer	1	<input type="checkbox"/>	Recorded directly from the list	2	<input type="checkbox"/>	Yesterday : _____ HH :MM)
	99	<input type="checkbox"/>	Don't know	2	<input type="checkbox"/>	Reported by participant	3	<input type="checkbox"/>	Day before yesterday: _____ HH:MM)
							4	<input type="checkbox"/>	Didn't use the medication
Medication 2	_____			0	<input type="checkbox"/>	Recorded directly from package	1	<input type="checkbox"/>	Today : _____ HH :MM)
	88	<input type="checkbox"/>	Prefer not to answer	1	<input type="checkbox"/>	Recorded directly from the list	2	<input type="checkbox"/>	Yesterday : _____ HH :MM)
	99	<input type="checkbox"/>	Don't know	2	<input type="checkbox"/>	Reported by participant	3	<input type="checkbox"/>	Day before yesterday : _____ HH:MM)
							4	<input type="checkbox"/>	Didn't use the medication
Medication 3	_____			0	<input type="checkbox"/>	Recorded directly from package	1	<input type="checkbox"/>	Today : _____ HH :MM)
	88	<input type="checkbox"/>	Prefer not to answer	1	<input type="checkbox"/>	Recorded directly from the list	2	<input type="checkbox"/>	Yesterday : _____ HH :MM)
	99	<input type="checkbox"/>	Don't know	2	<input type="checkbox"/>	Reported by participant	3	<input type="checkbox"/>	Day before yesterday : _____ HH:MM)
							4	<input type="checkbox"/>	Didn't use the medication t
Medication 4	_____			0	<input type="checkbox"/>	Recorded directly from package	1	<input type="checkbox"/>	Today : _____ HH :MM)
	88	<input type="checkbox"/>	Prefer not to answer	1	<input type="checkbox"/>	Recorded directly from the list	2	<input type="checkbox"/>	Yesterday : _____ HH :MM)
	99	<input type="checkbox"/>	Don't know	2	<input type="checkbox"/>	Reported by participant	3	<input type="checkbox"/>	Day before yesterday : _____ HH:MM)
							4	<input type="checkbox"/>	Didn't use the medication

Medication 5	_____			0	<input type="checkbox"/>	Recorded directly from package	1	<input type="checkbox"/>	Today : _____ HH:MM)
	88	<input type="checkbox"/>	Prefer not to answer	1	<input type="checkbox"/>	Recorded directly from the list	2	<input type="checkbox"/>	Yesterday : _____ HH:MM)
	99	<input type="checkbox"/>	Don't know	2	<input type="checkbox"/>	Reported by participant	3	<input type="checkbox"/>	Day before yesterday : _____ HH:MM)
							4	<input type="checkbox"/>	Didn't use the medication
Medication 6	_____			0	<input type="checkbox"/>	Recorded directly from package	1	<input type="checkbox"/>	Today : _____ HH:MM)
	88	<input type="checkbox"/>	Prefer not to answer	1	<input type="checkbox"/>	Recorded directly from the list	2	<input type="checkbox"/>	Yesterday : _____ HH:MM)
	99	<input type="checkbox"/>	Don't know	2	<input type="checkbox"/>	Reported by participant	3	<input type="checkbox"/>	Day before yesterday: _____ HH:MM)
							4	<input type="checkbox"/>	Didn't use the medication
Medication 7	_____			0	<input type="checkbox"/>	Recorded directly from package	1	<input type="checkbox"/>	Today : _____ HH:MM)
	88	<input type="checkbox"/>	Prefer not to answer	1	<input type="checkbox"/>	Recorded directly from the list	2	<input type="checkbox"/>	Yesterday : _____ HH:MM)
	99	<input type="checkbox"/>	Don't know	2	<input type="checkbox"/>	Reported by participant	3	<input type="checkbox"/>	Day before yesterday : _____ HH:MM)
							4	<input type="checkbox"/>	Didn't use the medication
Medication 8	_____			0	<input type="checkbox"/>	Recorded directly from package	1	<input type="checkbox"/>	Today : _____ HH:MM)
	88	<input type="checkbox"/>	Prefer not to answer	1	<input type="checkbox"/>	Recorded directly from the list	2	<input type="checkbox"/>	Yesterday : _____ HH:MM)
	99	<input type="checkbox"/>	Don't know	2	<input type="checkbox"/>	Reported by participant	3	<input type="checkbox"/>	Day before yesterday : _____ HH:MM)
							4	<input type="checkbox"/>	Didn't use the medication
Medication 9	_____			0	<input type="checkbox"/>	Recorded directly from package	1	<input type="checkbox"/>	Today : _____ HH:MM)
	88	<input type="checkbox"/>	Prefer not to answer	1	<input type="checkbox"/>	Recorded directly from the list	2	<input type="checkbox"/>	Yesterday : _____ HH:MM)
	99	<input type="checkbox"/>	Don't know	2	<input type="checkbox"/>	Reported by participant	3	<input type="checkbox"/>	Day before yesterday : _____ HH:MM)
							4	<input type="checkbox"/>	Didn't use the medication
Medication 10	_____			0	<input type="checkbox"/>	Recorded directly from package	1	<input type="checkbox"/>	Today : _____ HH:MM)
	88	<input type="checkbox"/>	Prefer not to answer	1	<input type="checkbox"/>	Recorded directly from the list	2	<input type="checkbox"/>	Yesterday : _____ HH:MM)
	99	<input type="checkbox"/>	Don't know	2	<input type="checkbox"/>	Reported by participant	3	<input type="checkbox"/>	Day before yesterday : _____ HH:MM)
							4	<input type="checkbox"/>	Didn't use the medication

Domain OTHER PRODUCTS

1) Are there any other tablets, medicines or other health products that you use on most days, but are not prescribed by your doctor?

- 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, and female, go to MENSTRUATION domain, page 123.

If NO, PREFER NOT TO ANSWER or DON'T KNOW, and male, go to MEN'S REPRODUCTION domain, page 130.

2. Could you please hand me the bottles and containers of all the tablets, medicines or other health products that you use on most days, but are not prescribed by your doctor? Alternatively, if you have not brought the bottles and containers, do you have a list of them that I could have?

Instructions:

If you have access to the bottles and containers or the list, write down the name of the products. Specify for each prescribed products the source of information without asking the participant. For each product, repeat the set of questions.

If you don't have access to the bottles and containers, ask the participant, repeat the set of questions for each products. Between each set of questions ask if they are taking any other products. Specify for each prescribed medication the source of information without asking the participant. After each product, ask the participant if he takes another health product.

List of products	What is the name of the product?			Source of information		
Product 1	_____			0	<input type="checkbox"/>	Recorded directly from package
	88	<input type="checkbox"/>	Prefer not to answer	1	<input type="checkbox"/>	Recorded directly from the list
	99	<input type="checkbox"/>	Don't know	2	<input type="checkbox"/>	Reported by participant
Product 2	_____			0	<input type="checkbox"/>	Recorded directly from package
	88	<input type="checkbox"/>	Prefer not to answer	1	<input type="checkbox"/>	Recorded directly from the list
	99	<input type="checkbox"/>	Don't know	2	<input type="checkbox"/>	Reported by participant
Product 3	_____			0	<input type="checkbox"/>	Recorded directly from package
	88	<input type="checkbox"/>	Prefer not to answer	1	<input type="checkbox"/>	Recorded directly from the list
	99	<input type="checkbox"/>	Don't know	2	<input type="checkbox"/>	Reported by participant
Product 4	_____			0	<input type="checkbox"/>	Recorded directly from package
	88	<input type="checkbox"/>	Prefer not to answer	1	<input type="checkbox"/>	Recorded directly from the list
	99	<input type="checkbox"/>	Don't know	2	<input type="checkbox"/>	Reported by participant

Product 5	_____		0	<input type="checkbox"/>	Recorded directly from package	
	88	<input type="checkbox"/>	Prefer not to answer	1	<input type="checkbox"/>	Recorded directly from the list
	99	<input type="checkbox"/>	Don't know	2	<input type="checkbox"/>	Reported by participant
Product 6	_____		0	<input type="checkbox"/>	Recorded directly from package	
	88	<input type="checkbox"/>	Prefer not to answer	1	<input type="checkbox"/>	Recorded directly from the list
	99	<input type="checkbox"/>	Don't know	2	<input type="checkbox"/>	Reported by participant
Product 7	_____		0	<input type="checkbox"/>	Recorded directly from package	
	88	<input type="checkbox"/>	Prefer not to answer	1	<input type="checkbox"/>	Recorded directly from the list
	99	<input type="checkbox"/>	Don't know	2	<input type="checkbox"/>	Reported by participant
Product 8	_____		0	<input type="checkbox"/>	Recorded directly from package	
	88	<input type="checkbox"/>	Prefer not to answer	1	<input type="checkbox"/>	Recorded directly from the list
	99	<input type="checkbox"/>	Don't know	2	<input type="checkbox"/>	Reported by participant
Product 9	_____		0	<input type="checkbox"/>	Recorded directly from package	
	88	<input type="checkbox"/>	Prefer not to answer	1	<input type="checkbox"/>	Recorded directly from the list
	99	<input type="checkbox"/>	Don't know	2	<input type="checkbox"/>	Reported by participant
Product 10	_____		0	<input type="checkbox"/>	Recorded directly from package	
	88	<input type="checkbox"/>	Prefer not to answer	1	<input type="checkbox"/>	Recorded directly from the list
	99	<input type="checkbox"/>	Don't know	2	<input type="checkbox"/>	Reported by participant

SECTION I: WOMEN AND MEN'S HEALTH

Domain MENSTRUATION

Now, some questions about women's and men's health.

Skip pattern: If MALE, go to MEN'S REPRODUCTION domain, page 130.

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

____ Age at first menstrual period

OR

____ Date of first menstrual period (year)

- 7777 Never had menstrual periods
8888 Prefer not to answer
9999 Don't know

Domain HORMONAL CONTRACEPTIVES

1) Have you ever used any hormonal contraceptives for any reason?

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

Specifications: Hormonal contraceptives include pills, implants, patches, injections and rings and hormone-releasing Intra-Uterine Devices only.

Skip pattern: If NO, PREFER NOT TO ANSWER or DON'T KNOW, go to REPRODUCTION BREASTFEEDING domain, page 125.

2) In total, for how many years did you use, or have you been using, hormonal contraceptives?

____ Years using hormonal contraceptives

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

3) What was your age when you started using hormonal contraceptives? Or, in what year was it?

____ Age when started using hormonal contraceptives

OR

____ Date when started using hormonal contraceptives (year)

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

Domain REPRODUCTION- BREASTFEEDING

1.1) How many times have you been pregnant, including live births, stillbirths, spontaneous miscarriages or abortions?

___ Pregnancies

88 Prefer not to answer

99 Don't know

Specifications: Stillbirth is a birth of a dead foetus after a pregnancy of at least 20 weeks or a birth weight of at least 500g if the gestational age is unknown.

Skip pattern: If "0" or PREFER NOT TO ANSWER or DON'T KNOW, go to 3.1, page 127.

1.2) How many of these pregnancies went to 20 weeks or more?

___ Pregnancies of at least 20 weeks

88 Prefer not to answer

99 Don't know

Specifications: Please include all of the stillbirths and/or live births you ever had. Stillbirth is a birth of a dead foetus after a pregnancy of at least 20 weeks or a birth weight of at least 500g if the gestational age is unknown.

1.2) How many live births have you had?

___ Live births

88 Prefer not to answer

99 Don't know

1.3.) How many stillbirths have you had?

___ Stillbirths

88 Prefer not to answer

99 Don't know

Specifications: Stillbirth is a birth of a dead foetus after a pregnancy of at least 20 weeks or a birth weight of at least 500g if the gestational age is unknown.

1.4) What was your age when you were first pregnant? Or, in what year did it happen?

___ Age at first pregnancy

OR

_____ Date of first pregnancy (year)

8888 Prefer not to answer

9999 Don't know

1.5) If you had more than one pregnancy, what was your age when you were last pregnant? Or, in what year did it happen?

___ Age at last pregnancy

OR

_____ Date of last pregnancy (year)

8888 Prefer not to answer

9999 Don't know

2.1) Did you breastfeed at least one of your children?

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, page 127.

2.2) In total, for how many months did you breastfeed your children?

___ Months of breastfeeding

888 Prefer not to answer

999 Don't know

Specifications: Add up all the time that you breastfed all of your different children.

3.1) Have you ever received hormonal fertility treatment to help you try to get pregnant?

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

Domain MENOPAUSE

1) Have you ever gone through your menopause, meaning that your menstrual periods stopped for at least one year and did not restart?

- 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 HORMONE REPLACEMENT THERAPY domain, page 129.

2) What was your age when your menstrual periods stopped for at least one year and did not restart? Or, in what year did they stop?

_____ Age at last menstrual period

OR

_____ Date of last menstrual period (year)

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

Domain HORMONE REPLACEMENT THERAPY

1) Have you ever used any hormone replacement therapy, sometimes call HRT?

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

Specifications: Hormone replacement therapy includes oestrogen and/or progesterone treatment. It includes all forms including patches, rings, creams and other topical forms. It does not include thyroid hormonal treatment.

Skip pattern: If NO or PREFER NOT TO ANSWER or DON'T KNOW, go to FAMILIAL DISEASE HISTORY domain, page 131.

2) In total, for how many years did you use or have you been using hormone replacement therapy?

____ Number of years

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

3) What was your age when you started using hormone replacement therapy? Or, in what year did you start?

____ Age when started using hormone replacement therapy

OR

____ Date when started using hormone replacement therapy (year)

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

Skip pattern: Go to familial disease history section, page 131.

Domain MEN'S REPRODUCTION

* Ask only if **MALES**.

1) How many children have you fathered?

____ Children fathered

- 88 Prefer not to answer
99 Don't know

SECTION J: FAMILIAL HISTORY OF DISEASES

0.1) We wish to find out if certain diseases are particularly common, in your biological family. We would therefore like to ask you some questions that will help us to construct a family disease history. We will focus ONLY on first degree relatives in your biological family. So we need to know about your mother, your father, any biological children, and any full and half siblings. Our questioning will NOT include relatives by marriage, stepbrothers and stepsisters, parents or siblings by adoption, stepchildren, or any children you may have adopted yourself.

0.1) Do you know about the health of your first degree biological relatives?

Instructions: If the participant answers "Prefer not to answer" or "Don't know" to this question, the interviewer should explain that this will mean that no questions will be asked about biological family history.

- 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 THANKS section, page 160.

DOMAIN NEOPLASMS

1) Have any of your first-degree **biological** relatives, including mother, father, siblings or children ever been told by a doctor that they had cancer or a malignancy of any kind?

- 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 domain OTHER DISEASES domain, page 147.

2) Which of your first-degree **biological** relatives has ever been told by a doctor that they had cancer or a malignancy of any kind?

Instructions: Read all categories. More than one answer is possible.

1.1	Your mother	0	<input type="checkbox"/>	No
		1	<input type="checkbox"/>	Yes
		8	<input type="checkbox"/>	Prefer not to answer
		9	<input type="checkbox"/>	Don't know
1.2	Your father	0	<input type="checkbox"/>	No
		1	<input type="checkbox"/>	Yes
		8	<input type="checkbox"/>	Prefer not to answer
		9	<input type="checkbox"/>	Don't know
1.3	Any of your siblings	0	<input type="checkbox"/>	No
		1	<input type="checkbox"/>	Yes
		8	<input type="checkbox"/>	Prefer not to answer
		9	<input type="checkbox"/>	Don't know
<i>Skip pattern: If NO, or HAS NO SIBLINGS, go to 1.4</i>				
1.3.1	How many of them?	_____ Number of siblings		
		88	<input type="checkbox"/>	Prefer not to answer
		99	<input type="checkbox"/>	Don't know
1.4	Any of your children	0	<input type="checkbox"/>	No
		1	<input type="checkbox"/>	Yes
		8	<input type="checkbox"/>	Prefer not to answer
		9	<input type="checkbox"/>	Don't know
<i>Skip pattern: If NO, or HAS NO CHILDREN, go to 3.1</i>				
1.4.1	How many of them?	_____ Number of siblings		
		88	<input type="checkbox"/>	Prefer not to answer
		99	<input type="checkbox"/>	Don't know

3.1) Please specify...

Instructions: If the mother had cancer, indicate

	<p>A) For your <i>mother</i> what type of cancer was diagnosed – if <i>she</i> had more than one, please tell me the first type of cancer that was diagnosed?</p>	<p>B) At what age was your <i>mother</i> first diagnosed with cancer?</p>	<p>C) Has your mother ever been told by a doctor that he or she had another cancer of any kind? Please tell me all types of cancer</p>			
Mother	<p><i>Instruction : Enter the code of the first type of cancer from the list of ICD-10 (below)</i></p>	<p>__Age 888= Prefer not to answer 999= Don't know</p>	<p><i>Instruction : Indicate the codes of all other types of cancer from the list ID-10</i></p>			
	<table border="0" style="width: 100%;"> <tr> <td style="vertical-align: top; width: 50%;"> <p>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 (including Malignant melanoma of the skin; Other malignant neoplasms of the skin) 14= Cervix 15= Uterus 16= Kidney 17= Bladder 18= Brain 19= Thyroid</p> </td> <td style="vertical-align: top; width: 50%;"> <p>20= Non-Hodgkin's lymphoma (including Follicular [nodular] non-Hodgkin's lymphoma; Diffuse non-Hodgkin's lymphoma; Peripheral and cutaneous T-cell lymphomas; Other and unspecified types of non-Hodgkin's lymphoma) 21= Leukaemia (including Lymphoid leukaemia; Myeloid leukaemia; Monocytic leukaemia; Other leukaemias of specified cell type; Leukaemia of unspecified cell type) 22 = other 88= Prefer not to answer 99= Don't know</p> </td> </tr> </table>		<p>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 (including Malignant melanoma of the skin; Other malignant neoplasms of the skin) 14= Cervix 15= Uterus 16= Kidney 17= Bladder 18= Brain 19= Thyroid</p>	<p>20= Non-Hodgkin's lymphoma (including Follicular [nodular] non-Hodgkin's lymphoma; Diffuse non-Hodgkin's lymphoma; Peripheral and cutaneous T-cell lymphomas; Other and unspecified types of non-Hodgkin's lymphoma) 21= Leukaemia (including Lymphoid leukaemia; Myeloid leukaemia; Monocytic leukaemia; Other leukaemias of specified cell type; Leukaemia of unspecified cell type) 22 = other 88= Prefer not to answer 99= Don't know</p>		<p>0= No other cancer</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>22= Other; 88= Prefer not to answer 99= Don't know</p>
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3.2) Please specify...

Instructions: If the father had cancer, indicate

	<p>A) For your <i>father</i> what type of cancer was diagnosed – if <i>he</i> had more than one, please tell me the first type of cancer that was diagnosed?</p>	<p>B) At what age was your <i>father</i> first diagnosed with cancer?</p>	<p>C) Has your father ever been told by a doctor that he or she had another cancer of any kind?</p> <p>Please tell me all types of cancer</p>		
<p>Father</p>	<p><i>Instruction : Enter the code of the first type of cancer from the list of ICD-10 (below)</i></p>	<p>__Age 888= Prefer not to answer 999= Don't know</p>	<p><i>Instruction : Indicate the codes of all other types of cancer from the list ID-10</i></p>		
	<table border="0"> <tr> <td style="vertical-align: top;"> <p>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 (including Malignant melanoma of the skin; Other malignant neoplasms of the skin) 14= Cervix 15= Uterus 16= Kidney 17= Bladder 18= Brain 19= Thyroid</p> </td> <td style="vertical-align: top;"> <p>20= Non-Hodgkin's lymphoma (including Follicular [nodular] non-Hodgkin's lymphoma; Diffuse non-Hodgkin's lymphoma; Peripheral and cutaneous T-cell lymphomas; Other and unspecified types of non-Hodgkin's lymphoma) 21= Leukaemia (including Lymphoid leukaemia; Myeloid leukaemia; Monocytic leukaemia; Other leukaemias of specified cell type; Leukaemia of unspecified cell type) 22 = other 88= Prefer not to answer 99= Don't know</p> </td> </tr> </table>	<p>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 (including Malignant melanoma of the skin; Other malignant neoplasms of the skin) 14= Cervix 15= Uterus 16= Kidney 17= Bladder 18= Brain 19= Thyroid</p>	<p>20= Non-Hodgkin's lymphoma (including Follicular [nodular] non-Hodgkin's lymphoma; Diffuse non-Hodgkin's lymphoma; Peripheral and cutaneous T-cell lymphomas; Other and unspecified types of non-Hodgkin's lymphoma) 21= Leukaemia (including Lymphoid leukaemia; Myeloid leukaemia; Monocytic leukaemia; Other leukaemias of specified cell type; Leukaemia of unspecified cell type) 22 = other 88= Prefer not to answer 99= Don't know</p>		<p>0= No other cancer</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>22= Other; 88= Prefer not to answer; 99= Don't know</p>
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We are going to talk about each sibling that was diagnosed with cancer.

4.1) Please specify...

Instructions: Siblings are numbered from 1 upwards. The oldest sibling is numbered 1. If the response is "YES" to question A, then ask questions B and C. If sibling 1 had cancer, indicate

	<p>A) For your [Name of relative] what type of cancer was diagnosed – if [he/she] had more than one, please tell me the first type of cancer that was diagnosed?</p>	<p>B) At what age was your [Name of relative] first diagnosed with cancer?</p>	<p>C) Has this person ever been told by a doctor that he or she had another cancer of any kind?</p> <p>Please tell me all types of cancer</p>	
<p>Sibling 1</p>	<p><i>Instruction : Enter the code of the first type of cancer from the list of ICD-10 (below)</i></p>	<p>__Age 888= Prefer not to answer 999= Don't know</p>	<p><i>Instruction : Indicate the codes of all other types of cancer from the list ID-10</i></p>	
	<p>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 (including Malignant melanoma of the skin; Other malignant neoplasms of the skin) 14= Cervix 15= Uterus 16= Kidney 17= Bladder 18= Brain 19= Thyroid</p>	<p>20= Non-Hodgkin's lymphoma (including Follicular [nodular] non-Hodgkin's lymphoma; Diffuse non-Hodgkin's lymphoma; Peripheral and cutaneous T-cell lymphomas; Other and unspecified types of non-Hodgkin's lymphoma) 21= Leukaemia (including Lymphoid leukaemia; Myeloid leukaemia; Monocytic leukaemia; Other leukaemias of specified cell type; Leukaemia of unspecified cell type) 22 = other 88= Prefer not to answer 99= Don't know</p>		<p>0= No other cancer</p> <hr/> <hr/> <hr/> <hr/> <p>22= Other; 88= Prefer not to answer; 99= Don't know</p>
	<p>If other, specify what type of cancer it was:</p> <p>OPEN _____ 88= Prefer not to answer 99= Don't know</p>			<p>If other, specify what type of cancer it was:</p> <p>OPEN _____ 88= Prefer not to answer 99= Don't know</p>

4.2) Please specify...

Instructions: If sibling 2 had cancer, indicate

	<p>A) For your [Name of relative] what type of cancer was diagnosed – if [he/she] had more than one, please tell me the first type of cancer that was diagnosed?</p>	<p>B) At what age was your [Name of relative] first diagnosed with cancer?</p>	<p>C) Has this person ever been told by a doctor that he or she had another cancer of any kind? Please tell me all types of cancer</p>	
<p>Sibling 2</p>	<p><i>Instruction : Enter the code of the first type of cancer from the list of ICD-10 (below)</i></p>	<p>__Age 888= Prefer not to answer 999= Don't know</p>	<p><i>Instruction : Indicate the codes of all other types of cancer from the list ID-10</i></p>	
	<p>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 (including Malignant melanoma of the skin; Other malignant neoplasms of the skin) 14= Cervix 15= Uterus 16= Kidney 17= Bladder 18= Brain 19= Thyroid</p>	<p>20= Non-Hodgkin's lymphoma (including Follicular [nodular] non-Hodgkin's lymphoma; Diffuse non-Hodgkin's lymphoma; Peripheral and cutaneous T-cell lymphomas; Other and unspecified types of non-Hodgkin's lymphoma) 21= Leukaemia (including Lymphoid leukaemia; Myeloid leukaemia; Monocytic leukaemia; Other leukaemias of specified cell type; Leukaemia of unspecified cell type) 22 = other 88= Prefer not to answer 99= Don't know</p>		<p>0= No other cancer</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>22= Other; 88= Prefer not to answer; 99= Don't know</p>
	<p>If other, specify what type of cancer it was:</p> <p>OPEN _____ 88= Prefer not to answer 99= Don't know</p>			<p>If other, specify what type of cancer it was:</p> <p>OPEN _____ 88= Prefer not to answer 99= Don't know</p>

4.3) Please specify...

Instructions: If sibling 3 had cancer, indicate

	<p>A) For your [Name of relative] what type of cancer was diagnosed – if [he/she] had more than one, please tell me the first type of cancer that was diagnosed?</p>	<p>B) At what age was your [Name of relative] first diagnosed with cancer?</p>	<p>C) Has this person ever been told by a doctor that he or she had another cancer of any kind? Please tell me all types of cancer</p>	
<p>Sibling 3</p>	<p><i>Instruction : Enter the code of the first type of cancer from the list of ICD-10 (below)</i></p>	<p>__Age 888= Prefer not to answer 999= Don't know</p>	<p><i>Instruction : Indicate the codes of all other types of cancer from the list ID-10</i></p>	
	<p>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 (including Malignant melanoma of the skin; Other malignant neoplasms of the skin) 14= Cervix 15= Uterus 16= Kidney 17= Bladder 18= Brain 19= Thyroid</p>		<p>20= Non-Hodgkin's lymphoma (including Follicular [nodular] non-Hodgkin's lymphoma; Diffuse non-Hodgkin's lymphoma; Peripheral and cutaneous T-cell lymphomas; Other and unspecified types of non-Hodgkin's lymphoma) 21= Leukaemia (including Lymphoid leukaemia; Myeloid leukaemia; Monocytic leukaemia; Other leukaemias of specified cell type; Leukaemia of unspecified cell type) 22 = other 88= Prefer not to answer 99= Don't know</p>	<p>0= No other cancer</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>22= Other; 88= Prefer not to answer; 99= Don't know</p>
	<p>If other, specify what type of cancer it was:</p> <p>OPEN _____ 88= Prefer not to answer 99= Don't know</p>			<p>If other, specify what type of cancer it was:</p> <p>OPEN _____ 88= Prefer not to answer 99= Don't know</p>

4.4) Please specify...

Instructions: If sibling 4 had cancer, indicate

	<p>A) For your [Name of relative] what type of cancer was diagnosed – if [he/she] had more than one, please tell me the first type of cancer that was diagnosed?</p>	<p>B) At what age was your [Name of relative] first diagnosed with cancer?</p>	<p>C) Has this person ever been told by a doctor that he or she had another cancer of any kind? Please tell me all types of cancer</p>	
<p>Sibling 4</p>	<p><i>Instruction : Enter the code of the first type of cancer from the list of ICD-10 (below)</i></p>	<p>__Age 888= Prefer not to answer 999= Don't know</p>	<p><i>Instruction : Indicate the codes of all other types of cancer from the list ID-10</i></p>	
	<p>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 (including Malignant melanoma of the skin; Other malignant neoplasms of the skin) 14= Cervix 15= Uterus 16= Kidney 17= Bladder 18= Brain 19= Thyroid</p>	<p>20= Non-Hodgkin's lymphoma (including Follicular [nodular] non-Hodgkin's lymphoma; Diffuse non-Hodgkin's lymphoma; Peripheral and cutaneous T-cell lymphomas; Other and unspecified types of non-Hodgkin's lymphoma) 21= Leukaemia (including Lymphoid leukaemia; Myeloid leukaemia; Monocytic leukaemia; Other leukaemias of specified cell type; Leukaemia of unspecified cell type) 22 = other 88= Prefer not to answer 99= Don't know</p>		<p>0= No other cancer</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>22= Other; 88= Prefer not to answer; 99= Don't know</p>
	<p>If other, specify what type of cancer it was: OPEN _____ 88= Prefer not to answer 99= Don't know</p>			<p>If other, specify what type of cancer it was: OPEN _____ 88= Prefer not to answer 99= Don't know</p>

4.5) Please specify...

Instructions: If sibling 5 had cancer, indicate

	<p>A) For your [Name of relative] what type of cancer was diagnosed – if [he/she] had more than one, please tell me the first type of cancer that was diagnosed?</p>	<p>B) At what age was your [Name of relative] first diagnosed with cancer?</p>	<p>C) Has this person ever been told by a doctor that he or she had another cancer of any kind? Please tell me all types of cancer</p>	
<p>Sibling 5</p>	<p><i>Instruction : Enter the code of the first type of cancer from the list of ICD-10 (below)</i></p>	<p>__Age 888= Prefer not to answer 999= Don't know</p>	<p><i>Instruction : Indicate the codes of all other types of cancer from the list ID-10</i></p>	
	<p>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 (including Malignant melanoma of the skin; Other malignant neoplasms of the skin) 14= Cervix 15= Uterus 16= Kidney 17= Bladder 18= Brain 19= Thyroid</p>	<p>20= Non-Hodgkin's lymphoma (including Follicular [nodular] non-Hodgkin's lymphoma; Diffuse non-Hodgkin's lymphoma; Peripheral and cutaneous T-cell lymphomas; Other and unspecified types of non-Hodgkin's lymphoma) 21= Leukaemia (including Lymphoid leukaemia; Myeloid leukaemia; Monocytic leukaemia; Other leukaemias of specified cell type; Leukaemia of unspecified cell type) 22 = other 88= Prefer not to answer 99= Don't know</p>		<p>0= No other cancer</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>22= Other; 88= Prefer not to answer; 99= Don't know</p>
	<p>If other, specify what type of cancer it was: OPEN _____ 88= Prefer not to answer 99= Don't know</p>			<p>If other, specify what type of cancer it was: OPEN _____ 88= Prefer not to answer 99= Don't know</p>

4.6) Please specify...

Instructions: If sibling 6 had cancer, indicate

	<p>A) For your [Name of relative] what type of cancer was diagnosed – if [he/she] had more than one, please tell me the first type of cancer that was diagnosed?</p>	<p>B) At what age was your [Name of relative] first diagnosed with cancer?</p>	<p>C) Has this person ever been told by a doctor that he or she had another cancer of any kind? Please tell me all types of cancer</p>	
<p>Sibling 6</p>	<p><i>Instruction : Enter the code of the first type of cancer from the list of ICD-10 (below)</i></p>	<p>__Age 888= Prefer not to answer 999= Don't know</p>	<p><i>Instruction : Indicate the codes of all other types of cancer from the list ID-10</i></p>	
	<p>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 (including Malignant melanoma of the skin; Other malignant neoplasms of the skin) 14= Cervix 15= Uterus 16= Kidney 17= Bladder 18= Brain 19= Thyroid</p>	<p>20= Non-Hodgkin's lymphoma (including Follicular [nodular] non-Hodgkin's lymphoma; Diffuse non-Hodgkin's lymphoma; Peripheral and cutaneous T-cell lymphomas; Other and unspecified types of non-Hodgkin's lymphoma) 21= Leukaemia (including Lymphoid leukaemia; Myeloid leukaemia; Monocytic leukaemia; Other leukaemias of specified cell type; Leukaemia of unspecified cell type) 22 = other 88= Prefer not to answer 99= Don't know</p>		<p>0= No other cancer</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>22= Other; 88= Prefer not to answer; 99= Don't know</p>
	<p>If other, specify what type of cancer it was: OPEN _____ 88= Prefer not to answer 99= Don't know</p>			<p>If other, specify what type of cancer it was: OPEN _____ 88= Prefer not to answer 99= Don't know</p>

We are going to talk about each children that was diagnosed with cancer.

4.7) Please specify...

Instructions: children are numbered from 1 upwards. The oldest child is numbered 1. If child 1 had cancer, indicate

	<p>A) For your [Name of relative] what type of cancer was diagnosed – if [he/she] had more than one, please tell me the first type of cancer that was diagnosed?</p>	<p>B) At what age was your [Name of relative] first diagnosed with cancer?</p>	<p>C) Has this person ever been told by a doctor that he or she had another cancer of any kind? Please tell me all types of cancer</p>	
<p>Child 1</p>	<p><i>Instruction : Enter the code of the first type of cancer from the list of ICD-10 (below)</i></p>	<p>__Age 888= Prefer not to answer 999= Don't know</p>	<p><i>Instruction : Indicate the codes of all other types of cancer from the list ID-10</i></p>	
	<p>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 (including Malignant melanoma of the skin; Other malignant neoplasms of the skin) 14= Cervix 15= Uterus 16= Kidney 17= Bladder 18= Brain 19= Thyroid</p>	<p>20= Non-Hodgkin's lymphoma (including Follicular [nodular] non-Hodgkin's lymphoma; Diffuse non-Hodgkin's lymphoma; Peripheral and cutaneous T-cell lymphomas; Other and unspecified types of non-Hodgkin's lymphoma) 21= Leukaemia (including Lymphoid leukaemia; Myeloid leukaemia; Monocytic leukaemia; Other leukaemias of specified cell type; Leukaemia of unspecified cell type) 22 = other 88= Prefer not to answer 99= Don't know</p>		<p>0= No other cancer</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>22= Other; 88= Prefer not to answer; 99= Don't know</p>
	<p>If other, specify what type of cancer it was:</p> <p>OPEN _____ 88= Prefer not to answer 99= Don't know</p>			<p>If other, specify what type of cancer it was:</p> <p>OPEN _____ 88= Prefer not to answer 99= Don't know</p>

4.8) Please specify...

Instructions: If child 2 had cancer, indicate

	<p>A) For your [Name of relative] what type of cancer was diagnosed – if [he/she] had more than one, please tell me the first type of cancer that was diagnosed?</p>	<p>B) At what age was your [Name of relative] first diagnosed with cancer?</p>	<p>C) Has this person ever been told by a doctor that he or she had another cancer of any kind? Please tell me all types of cancer</p>	
<p>Child 2</p>	<p><i>Instruction : Enter the code of the first type of cancer from the list of ICD-10 (below)</i></p>	<p>__Age 888= Prefer not to answer 999= Don't know</p>	<p><i>Instruction : Indicate the codes of all other types of cancer from the list ID-10</i></p>	
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	<p>If other, specify what type of cancer it was:</p> <p>OPEN _____ 88= Prefer not to answer 99= Don't know</p>			<p>If other, specify what type of cancer it was:</p> <p>OPEN _____ 88= Prefer not to answer 99= Don't know</p>

4.9) Please specify...

Instructions: If child 3 had cancer, indicate

	<p>A) For your [Name of relative] what type of cancer was diagnosed – if [he/she] had more than one, please tell me the first type of cancer that was diagnosed?</p>	<p>B) At what age was your [Name of relative] first diagnosed with cancer?</p>	<p>C) Has this person ever been told by a doctor that he or she had another cancer of any kind?</p> <p>Please tell me all types of cancer</p>	
<p>Child 3</p>	<p><i>Instruction : Enter the code of the first type of cancer from the list of ICD-10 (below)</i></p>	<p>__Age 888= Prefer not to answer 999= Don't know</p>	<p><i>Instruction : Indicate the codes of all other types of cancer from the list ID-10</i></p>	
	<p>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 (including Malignant melanoma of the skin; Other malignant neoplasms of the skin) 14= Cervix 15= Uterus 16= Kidney 17= Bladder 18= Brain 19= Thyroid</p>	<p>20= Non-Hodgkin's lymphoma (including Follicular [nodular] non-Hodgkin's lymphoma; Diffuse non-Hodgkin's lymphoma; Peripheral and cutaneous T-cell lymphomas; Other and unspecified types of non-Hodgkin's lymphoma) 21= Leukaemia (including Lymphoid leukaemia; Myeloid leukaemia; Monocytic leukaemia; Other leukaemias of specified cell type; Leukaemia of unspecified cell type) 22 = other 88= Prefer not to answer 99= Don't know</p>		<p>0= No other cancer</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>22= Other; 88= Prefer not to answer; 99= Don't know</p>
	<p>If other, specify what type of cancer it was:</p> <p>OPEN _____ 88= Prefer not to answer 99= Don't know</p>			<p>If other, specify what type of cancer it was:</p> <p>OPEN _____ 88= Prefer not to answer 99= Don't know</p>

4.10) Please specify...

Instructions: If child 4 had cancer, indicate

	<p>A) For your [Name of relative] what type of cancer was diagnosed – if [he/she] had more than one, please tell me the first type of cancer that was diagnosed?</p>		<p>B) At what age was your [Name of relative] first diagnosed with cancer?</p>	<p>C) Has this person ever been told by a doctor that he or she had another cancer of any kind?</p> <p>Please tell me all types of cancer</p>
Child 4	<p><i>Instruction : Enter the code of the first type of cancer from the list of ICD-10 (below)</i></p>		<p>__Age 888= Prefer not to answer 999= Don't know</p>	<p><i>Instruction : Indicate the codes of all other types of cancer from the list ID-10</i></p>
	<p>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 (including Malignant melanoma of the skin; Other malignant neoplasms of the skin) 14= Cervix 15= Uterus 16= Kidney 17= Bladder 18= Brain 19= Thyroid</p>	<p>20= Non-Hodgkin's lymphoma (including Follicular [nodular] non-Hodgkin's lymphoma; Diffuse non-Hodgkin's lymphoma; Peripheral and cutaneous T-cell lymphomas; Other and unspecified types of non-Hodgkin's lymphoma) 21= Leukaemia (including Lymphoid leukaemia; Myeloid leukaemia; Monocytic leukaemia; Other leukaemias of specified cell type; Leukaemia of unspecified cell type) 22 = other 88= Prefer not to answer 99= Don't know</p>		<p>0= No other cancer</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>22= Other; 88= Prefer not to answer; 99= Don't know</p>
	<p>If other, specify what type of cancer it was:</p> <p>OPEN _____ 88= Prefer not to answer 99= Don't know</p>			<p>If other, specify what type of cancer it was:</p> <p>OPEN _____ 88= Prefer not to answer 99= Don't know</p>

4.11) Please specify...

Instructions: If child 5 had cancer, indicate

	<p>A) For your [Name of relative] what type of cancer was diagnosed – if [he/she] had more than one, please tell me the first type of cancer that was diagnosed?</p>	<p>B) At what age was your [Name of relative] first diagnosed with cancer?</p>	<p>C) Has this person ever been told by a doctor that he or she had another cancer of any kind? Please tell me all types of cancer</p>	
<p>Child 5</p>	<p><i>Instruction : Enter the code of the first type of cancer from the list of ICD-10 (below)</i></p>	<p>__Age 888= Prefer not to answer 999= Don't know</p>	<p><i>Instruction : Indicate the codes of all other types of cancer from the list ID-10</i></p>	
	<p>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 (including Malignant melanoma of the skin; Other malignant neoplasms of the skin) 14= Cervix 15= Uterus 16= Kidney 17= Bladder 18= Brain 19= Thyroid</p>	<p>20= Non-Hodgkin's lymphoma (including Follicular [nodular] non-Hodgkin's lymphoma; Diffuse non-Hodgkin's lymphoma; Peripheral and cutaneous T-cell lymphomas; Other and unspecified types of non-Hodgkin's lymphoma) 21= Leukaemia (including Lymphoid leukaemia; Myeloid leukaemia; Monocytic leukaemia; Other leukaemias of specified cell type; Leukaemia of unspecified cell type) 22 = other 88= Prefer not to answer 99= Don't know</p>		<p>0= No other cancer</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>22= Other; 88= Prefer not to answer; 99= Don't know</p>
	<p>If other, specify what type of cancer it was:</p> <p>OPEN _____ 88= Prefer not to answer 99= Don't know</p>		<p>If other, specify what type of cancer it was:</p> <p>OPEN _____ 88= Prefer not to answer 99= Don't know</p>	

4.12) Please specify...

Instructions: If child 6 had cancer, indicate

	<p>A) For your [Name of relative] what type of cancer was diagnosed – if [he/she] had more than one, please tell me the first type of cancer that was diagnosed?</p>		<p>B) At what age was your [Name of relative] first diagnosed with cancer?</p>	<p>C) Has this person ever been told by a doctor that he or she had another cancer of any kind?</p> <p>Please tell me all types of cancer</p>
Child 6	<p><i>Instruction : Enter the code of the first type of cancer from the list of ICD-10 (below)</i></p>		<p>__Age 888= Prefer not to answer 999= Don't know</p>	<p><i>Instruction : Indicate the codes of all other types of cancer from the list ID-10</i></p>
	<p>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 (including Malignant melanoma of the skin; Other malignant neoplasms of the skin) 14= Cervix 15= Uterus 16= Kidney 17= Bladder 18= Brain 19= Thyroid</p>	<p>20= Non-Hodgkin's lymphoma (including Follicular [nodular] non-Hodgkin's lymphoma; Diffuse non-Hodgkin's lymphoma; Peripheral and cutaneous T-cell lymphomas; Other and unspecified types of non-Hodgkin's lymphoma) 21= Leukaemia (including Lymphoid leukaemia; Myeloid leukaemia; Monocytic leukaemia; Other leukaemias of specified cell type; Leukaemia of unspecified cell type) 22 = other 88= Prefer not to answer 99= Don't know</p>		<p>0= No other cancer</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>22= Other; 88= Prefer not to answer; 99= Don't know</p>
	<p>If other, specify what type of cancer it was:</p> <p>OPEN _____ 88= Prefer not to answer 99= Don't know</p>			<p>If other, specify what type of cancer it was:</p> <p>OPEN _____ 88= Prefer not to answer 99= Don't know</p>

Domain OTHER DISEASES

5.1) Have any of your first-degree biological relatives ever been told by a doctor that they had high blood pressure or hypertension?

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

Specifications: Your first-degree biological relatives include your mother, father, siblings or children.

Skip pattern: If NO or PREFER NOT TO ANSWER or DON'T KNOW, go to 6.1, page 148.

5.2) Which of your first-degree biological relatives has ever been told by a doctor that they had high blood pressure or hypertension?

Instructions: Read all categories. More than one answer is possible.

1.1	Your mother	0	<input type="checkbox"/>	No
		1	<input type="checkbox"/>	Yes
		8	<input type="checkbox"/>	Prefer not to answer
		9	<input type="checkbox"/>	Don't know
1.2	Your father	0	<input type="checkbox"/>	No
		1	<input type="checkbox"/>	Yes
		8	<input type="checkbox"/>	Prefer not to answer
		9	<input type="checkbox"/>	Don't know
1.3	Any of your siblings	0	<input type="checkbox"/>	No
		1	<input type="checkbox"/>	Yes
		8	<input type="checkbox"/>	Prefer not to answer
		9	<input type="checkbox"/>	Don't know
<i>Skip pattern: If NO, or HAS NO SIBLINGS, go to 1.4</i>				
1.3.1	How many of them?	_____ Number of siblings		
		88	<input type="checkbox"/>	Prefer not to answer
		99	<input type="checkbox"/>	Don't know
1.4	Any of your children	0	<input type="checkbox"/>	No
		1	<input type="checkbox"/>	Yes
		8	<input type="checkbox"/>	Prefer not to answer
		9	<input type="checkbox"/>	Don't know
<i>Skip pattern: If NO, or HAS NO CHILDREN, go to 6.1</i>				
1.4.1	How many of them?	_____ Number of siblings		
		88	<input type="checkbox"/>	Prefer not to answer
		99	<input type="checkbox"/>	Don't know

6.1) Have any of your first-degree biological relatives ever been told by a doctor that they had had a myocardial infarction or heart 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 7.1, page 149.

6.2) Which of your first-degree biological relatives has ever been told by a doctor that they had had a myocardial infarction or heart attack?

Instructions: Read all categories. More than one answer is possible.

1.1	Your mother	0	<input type="checkbox"/>	No
		1	<input type="checkbox"/>	Yes
		8	<input type="checkbox"/>	Prefer not to answer
		9	<input type="checkbox"/>	Don't know
1.2	Your father	0	<input type="checkbox"/>	No
		1	<input type="checkbox"/>	Yes
		8	<input type="checkbox"/>	Prefer not to answer
		9	<input type="checkbox"/>	Don't know
1.3	Any of your siblings	0	<input type="checkbox"/>	No
		1	<input type="checkbox"/>	Yes
		8	<input type="checkbox"/>	Prefer not to answer
		9	<input type="checkbox"/>	Don't know
<i>Skip pattern: If NO, or HAS NO SIBLINGS, go to 1.4</i>				
1.3.1	How many of them?	_____ Number of siblings		
		88	<input type="checkbox"/>	Prefer not to answer
		99	<input type="checkbox"/>	Don't know
1.4	Any of your children	0	<input type="checkbox"/>	No
		1	<input type="checkbox"/>	Yes
		8	<input type="checkbox"/>	Prefer not to answer
		9	<input type="checkbox"/>	Don't know
<i>Skip pattern: If NO, or HAS NO CHILDREN, go to 7.1</i>				
1.4.1	How many of them?	_____ Number of siblings		
		88	<input type="checkbox"/>	Prefer not to answer
		99	<input type="checkbox"/>	Don't know

7.1) Have any of your first-degree biological relatives ever been told by a doctor that they had had a stroke?

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

Specifications: A stroke involves the death of a number of brain cells due to a lack of oxygen when the blood flow to part of the brain is impaired by blockage or rupture of an artery to the brain. A stroke is sometimes called a cerebrovascular accident or a CVA.

Skip pattern: If NO or PREFER NOT TO ANSWER or DON'T KNOW, go to 8.1, page 150.

7.2) Which of your first-degree biological relatives has ever been told by a doctor that they had had a stroke?

Instructions: Read all categories. More than one answer is possible.

1.1	Your mother	0	<input type="checkbox"/>	No
		1	<input type="checkbox"/>	Yes
		8	<input type="checkbox"/>	Prefer not to answer
		9	<input type="checkbox"/>	Don't know
1.2	Your father	0	<input type="checkbox"/>	No
		1	<input type="checkbox"/>	Yes
		8	<input type="checkbox"/>	Prefer not to answer
		9	<input type="checkbox"/>	Don't know
1.3	Any of your siblings	0	<input type="checkbox"/>	No
		1	<input type="checkbox"/>	Yes
		8	<input type="checkbox"/>	Prefer not to answer
		9	<input type="checkbox"/>	Don't know
<i>Skip pattern: If NO, or HAS NO SIBLINGS, go to 1.4</i>				
1.3.1	How many of them?	_____ Number of siblings		
		88	<input type="checkbox"/>	Prefer not to answer
		99	<input type="checkbox"/>	Don't know
1.4	Any of your children	0	<input type="checkbox"/>	No
		1	<input type="checkbox"/>	Yes
		8	<input type="checkbox"/>	Prefer not to answer
		9	<input type="checkbox"/>	Don't know
<i>Skip pattern: If NO, or HAS NO CHILDREN, go to 8.1</i>				
1.4.1	How many of them?	_____ Number of siblings		
		88	<input type="checkbox"/>	Prefer not to answer
		99	<input type="checkbox"/>	Don't know

8.1) Have any of your first-degree biological relatives ever been told by a doctor that they had diabetes?

- 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 9.1, page 151.

8.2) Which of your first-degree biological relatives has ever been told by a doctor that they had had diabetes?

Instructions: Read all categories. More than one answer is possible.

1.1	Your mother	0	<input type="checkbox"/>	No
		1	<input type="checkbox"/>	Yes
		8	<input type="checkbox"/>	Prefer not to answer
		9	<input type="checkbox"/>	Don't know
1.2	Your father	0	<input type="checkbox"/>	No
		1	<input type="checkbox"/>	Yes
		8	<input type="checkbox"/>	Prefer not to answer
		9	<input type="checkbox"/>	Don't know
1.3	Any of your siblings	0	<input type="checkbox"/>	No
		1	<input type="checkbox"/>	Yes
		8	<input type="checkbox"/>	Prefer not to answer
		9	<input type="checkbox"/>	Don't know
<i>Skip pattern: If NO, or HAS NO SIBLINGS, go to 1.4</i>				
1.3.1	How many of them?	_____ Number of siblings		
		88	<input type="checkbox"/>	Prefer not to answer
		99	<input type="checkbox"/>	Don't know
1.4	Any of your children	0	<input type="checkbox"/>	No
		1	<input type="checkbox"/>	Yes
		8	<input type="checkbox"/>	Prefer not to answer
		9	<input type="checkbox"/>	Don't know
<i>Skip pattern: If NO, or HAS NO CHILDREN, go to 9.1</i>				
1.4.1	How many of them?	_____ Number of siblings		
		88	<input type="checkbox"/>	Prefer not to answer
		99	<input type="checkbox"/>	Don't know

9.1) Have any of your first-degree biological relatives ever been told by a doctor that they had chronic obstructive pulmonary disease, sometimes called COPD, a term that encompasses a range of chronic respiratory conditions including emphysema and chronic bronchitis?

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

Specifications: Chronic bronchitis is defined as a daily cough with production of sputum for at least 3 months in the year, for at least two years in a row, in the absence of any other known respiratory disease.

Skip pattern: If NO or PREFER NOT TO ANSWER or DON'T KNOW, go to 10, page 152.

9.2) Which of your first-degree biological relatives has ever been told by a doctor that they had chronic obstructive pulmonary disease?

Instructions: Read all categories. More than one answer is possible.

1.1	Your mother	0	<input type="checkbox"/>	No
		1	<input type="checkbox"/>	Yes
		8	<input type="checkbox"/>	Prefer not to answer
		9	<input type="checkbox"/>	Don't know
1.2	Your father	0	<input type="checkbox"/>	No
		1	<input type="checkbox"/>	Yes
		8	<input type="checkbox"/>	Prefer not to answer
		9	<input type="checkbox"/>	Don't know
1.3	Any of your siblings	0	<input type="checkbox"/>	No
		1	<input type="checkbox"/>	Yes
		8	<input type="checkbox"/>	Prefer not to answer
		9	<input type="checkbox"/>	Don't know
<i>Skip pattern: If NO, or HAS NO SIBLINGS, go to 1.4</i>				
1.3.1	How many of them?	_____ Number of siblings		
		88	<input type="checkbox"/>	Prefer not to answer
		99	<input type="checkbox"/>	Don't know
1.4	Any of your children	0	<input type="checkbox"/>	No
		1	<input type="checkbox"/>	Yes
		8	<input type="checkbox"/>	Prefer not to answer
		9	<input type="checkbox"/>	Don't know
<i>Skip pattern: If NO, or HAS NO CHILDREN, go to 10</i>				
1.4.1	How many of them?	_____ Number of siblings		
		88	<input type="checkbox"/>	Prefer not to answer
		99	<input type="checkbox"/>	Don't know

10) Have any of your first-degree biological relatives ever been told by a doctor that they had any of the following conditions?

Instructions: Read all categories. More than one answer is possible.

- 1.1 Asthma
- 1.2 Depression
- 1.3 Dementia
- 1.4 Schizophrenia
- 1.5 Polyposis coli, sometimes called colonic polyps or polyposis coli
- 88 Prefer not to answer
- 99 Don't know

11.1) Are there any serious health conditions that a doctor has told you “run in your family”?

- 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 14.1, page 154.

11.2) What is the serious health condition that is known to “run in your family”?

OPEN _____

- 8 Prefer not to answer
- 9 Don't know

12.1) Are there any other serious health conditions that a doctor has told you “run in your family”?

- 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 14.1, page 154.

12.2) What is the second serious health condition that is known to “run in your family”?

- OPEN _____
- 8 Prefer not to answer
 - 9 Don't know

13.1) Are there any other serious health conditions that a doctor has told you “run in your family”?

- 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 14.1, page 154.

13.2) What is the third serious health condition that is known to “run in your family”?

- OPEN _____
- 8 Prefer not to answer
 - 9 Don't know

14.1) Have any of your first-degree biological relatives, including mother, father, siblings or children died?

- 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 THANKS section, page 160.

Finally, we are going to ask you about any of your first-degree biological relatives that have died.

Instructions: Siblings and children are numbered from 1 upwards. The oldest sibling and the oldest child are each numbered 1. If the response is "NO" at question A, then ask question B and C. Repeat the questions for all first-degree biological relatives that have died.

14.2) Please specify...

Instructions: If your mother died, indicate

	A) Is your mother still living?			B) At what age did your mother die?			C) What was the cause of death of your mother?		
1.1 Mother	0	<input type="checkbox"/>	No	_____ Age at death			OPEN _____ _____		
	1	<input type="checkbox"/>	Yes						
	8	<input type="checkbox"/>	Prefer not to answer	888	<input type="checkbox"/>	Prefer not to answer	8	<input type="checkbox"/>	Prefer not to answer
	9	<input type="checkbox"/>	Don't know	999	<input type="checkbox"/>	Don't know	9	<input type="checkbox"/>	Don't know

Specifications: Often the precise cause of someone's death may be uncertain, and unless you are certain of the cause of death, it is absolutely fine to say that you do not know the cause of death.

14.3) Please specify...

Instructions: If your father died, indicate

	A) Is your father still living?			B) At what age did your father die?			C) What was the cause of death of your father?		
1.2 Father	0	<input type="checkbox"/>	No	_____ Age at death			OPEN _____ _____		
	1	<input type="checkbox"/>	Yes						
	8	<input type="checkbox"/>	Prefer not to answer	888	<input type="checkbox"/>	Prefer not to answer	8	<input type="checkbox"/>	Prefer not to answer
	9	<input type="checkbox"/>	Don't know	999	<input type="checkbox"/>	Don't know	9	<input type="checkbox"/>	Don't know

Specifications: Often the precise cause of someone's death may be uncertain, and unless you are certain of the cause of death, it is absolutely fine to say that you do not know the cause of death.

14.4) Please specify...

Instructions: If one of your siblings died, indicate

	A) Is your [first degree relative] still living?			B) At what age did this first degree relative die?			C) What was the cause of death of this first degree relative?		
1.3 Sibling 1	0	<input type="checkbox"/>	No	_____ Age at death			OPEN _____ _____		
	1	<input type="checkbox"/>	Yes						
	8	<input type="checkbox"/>	Prefer not to answer	888	<input type="checkbox"/>	Prefer not to answer	8	<input type="checkbox"/>	Prefer not to answer
	9	<input type="checkbox"/>	Don't know	999	<input type="checkbox"/>	Don't know	9	<input type="checkbox"/>	Don't know
1.4 Sibling 2	0	<input type="checkbox"/>	No	_____ Age at death			OPEN _____ _____		
	1	<input type="checkbox"/>	Yes						
	8	<input type="checkbox"/>	Prefer not to answer	888	<input type="checkbox"/>	Prefer not to answer	8	<input type="checkbox"/>	Prefer not to answer
	9	<input type="checkbox"/>	Don't know	999	<input type="checkbox"/>	Don't know	9	<input type="checkbox"/>	Don't know
1.5 Sibling 3	0	<input type="checkbox"/>	No	_____ Age at death			OPEN _____ _____		
	1	<input type="checkbox"/>	Yes						
	8	<input type="checkbox"/>	Prefer not to answer	888	<input type="checkbox"/>	Prefer not to answer	8	<input type="checkbox"/>	Prefer not to answer
	9	<input type="checkbox"/>	Don't know	999	<input type="checkbox"/>	Don't know	9	<input type="checkbox"/>	Don't know
1.6 Sibling 4	0	<input type="checkbox"/>	No	_____ Age at death			OPEN _____ _____		
	1	<input type="checkbox"/>	Yes						
	8	<input type="checkbox"/>	Prefer not to answer	888	<input type="checkbox"/>	Prefer not to answer	8	<input type="checkbox"/>	Prefer not to answer
	9	<input type="checkbox"/>	Don't know	999	<input type="checkbox"/>	Don't know	9	<input type="checkbox"/>	Don't know

1.7 Sibling 5	0	<input type="checkbox"/>	No	_____ Age at death			OPEN _____ _____		
	1	<input type="checkbox"/>	Yes						
	8	<input type="checkbox"/>	Prefer not to answer	888	<input type="checkbox"/>	Prefer not to answer	8	<input type="checkbox"/>	Prefer not to answer
	9	<input type="checkbox"/>	Don't know	999	<input type="checkbox"/>	Don't know	9	<input type="checkbox"/>	Don't know
1.8 Sibling 6	0	<input type="checkbox"/>	No	_____ Age at death			OPEN _____ _____		
	1	<input type="checkbox"/>	Yes						
	8	<input type="checkbox"/>	Prefer not to answer	888	<input type="checkbox"/>	Prefer not to answer	8	<input type="checkbox"/>	Prefer not to answer
	9	<input type="checkbox"/>	Don't know	999	<input type="checkbox"/>	Don't know	9	<input type="checkbox"/>	Don't know

14.5) Please specify...

Instructions: If one of your children died, indicate

	A) Is your [first degree relative] still living?			B) At what age did this first degree relative die?			C) What was the cause of death of this first degree relative?		
1.9 Child 1	0	<input type="checkbox"/>	No	_____ Age at death			OPEN _____ _____		
	1	<input type="checkbox"/>	Yes						
	8	<input type="checkbox"/>	Prefer not to answer	888	<input type="checkbox"/>	Prefer not to answer	8	<input type="checkbox"/>	Prefer not to answer
	9	<input type="checkbox"/>	Don't know	999	<input type="checkbox"/>	Don't know	9	<input type="checkbox"/>	Don't know
1.10 Child 2	0	<input type="checkbox"/>	No	_____ Age at death			OPEN _____ _____		
	1	<input type="checkbox"/>	Yes						
	8	<input type="checkbox"/>	Prefer not to answer	888	<input type="checkbox"/>	Prefer not to answer	8	<input type="checkbox"/>	Prefer not to answer
	9	<input type="checkbox"/>	Don't know	999	<input type="checkbox"/>	Don't know	9	<input type="checkbox"/>	Don't know
1.11 Child 3	0	<input type="checkbox"/>	No	_____ Age at death			OPEN _____ _____		
	1	<input type="checkbox"/>	Yes						
	8	<input type="checkbox"/>	Prefer not to answer	888	<input type="checkbox"/>	Prefer not to answer	8	<input type="checkbox"/>	Prefer not to answer
	9	<input type="checkbox"/>	Don't know	999	<input type="checkbox"/>	Don't know	9	<input type="checkbox"/>	Don't know
1.12 Child 4	0	<input type="checkbox"/>	No	_____ Age at death			OPEN _____ _____		
	1	<input type="checkbox"/>	Yes						
	8	<input type="checkbox"/>	Prefer not to answer	888	<input type="checkbox"/>	Prefer not to answer	8	<input type="checkbox"/>	Prefer not to answer
	9	<input type="checkbox"/>	Don't know	999	<input type="checkbox"/>	Don't know	9	<input type="checkbox"/>	Don't know

1.13 Child 5	0	<input type="checkbox"/>	No	_____ Age at death			OPEN _____ _____		
	1	<input type="checkbox"/>	Yes						
	8	<input type="checkbox"/>	Prefer not to answer	888	<input type="checkbox"/>	Prefer not to answer	8	<input type="checkbox"/>	Prefer not to answer
	9	<input type="checkbox"/>	Don't know	999	<input type="checkbox"/>	Don't know	9	<input type="checkbox"/>	Don't know
1.14 Child 6	0	<input type="checkbox"/>	No	_____ Age at death			OPEN _____ _____		
	1	<input type="checkbox"/>	Yes						
	8	<input type="checkbox"/>	Prefer not to answer	888	<input type="checkbox"/>	Prefer not to answer	8	<input type="checkbox"/>	Prefer not to answer
	9	<input type="checkbox"/>	Don't know	999	<input type="checkbox"/>	Don't know	9	<input type="checkbox"/>	Don't know

ACKNOWLEDGEMENTS

Thank you for completing this last part of the questionnaire.

TIME OF THE END

— —
HOURS

— —
MINUTES