

English translation of the questionnaire
from series 39

WOMEN AND CANCER Confidential Autumn 2004

If you agree to take part, tick YES in the box to the right.

If you do not wish to take part, avoid reminders by ticking NO and return the questionnaire in the envelope provided.

We ask you to fill out the questionnaire as accurately as possible.

The questionnaire is to be read optically. Please use blue or black pen. Use of comma is not allowed, round up from 0.5 to 1. Use block letters.

I agree to
take part in
YES
the questionnaire
survey NO

Best wishes,
Eiliv Lund
Professor dr. med.

Menopause

Do you still have regular periods?

- ... Yes
- ... Have irregular periods
- ... Unknown (Absent because of illness, etc.)
- ... Unknown (Current use of medication containing estrogen)
- ... No

If No;

- Have they stopped of their own accord?
- Have both your fallopian tubes been removed?...
- Have you had your womb removed (hysterectomy)?...
- Other? ...

Age when periods stopped?years

Pregnancies, births and breastfeeding

Have you ever been pregnant? Yes/No

If Yes; how many children have you born totally?children

How old were you at last birth?years

Use of contraceptive pill

Have you ever used the pill or minipill? Yes/No

If Yes; In how many years have you used the pill totally?years

Are you currently on the pill? Yes/No

Use of hormone preparations with estrogen in menopause

Have you ever used estrogen pills/plasters? Yes/No

If Yes; how long have you used estrogen pills/plasters in all?years

How old were you when you first used estrogen pills/plasters?years

Are you currently using pills/plasters? Yes/No

If you replied "Yes", we ask you to elaborate further on this by answering the questions below. For each period of continuous use of the same estrogen preparation, we hope you can tell us how old you were when you started, how long you used the same hormone preparation, and what it was called. If you stopped using it for a while, or switched to other preparations, you should count this as a new period. If you cannot remember the name of the hormone preparation, write 'Unsure'. To help you remember the names of estrogen preparations, please use the brochure provided, which contains pictures of estrogen preparations that have been sold in Norway. Please also give the number of the estrogen pill/plaster given in the brochure.

Age at start	Used same estrogen pill/plaster continuously from 1998			Name of estrogen pill/plaster (see brochure)
	Year	Month	Nr	
1.				
2.				
3.				
4.				
5.				

Estrogen preparations for vaginal use

Have you ever used estrogen creams/suppositories? Yes/No

If Yes; Are you currently using creams/suppositories? Yes/No

Intrauterine device

Have you ever used an intrauterine device (Levonova)? Yes/No

If Yes; for how long have you used an IUD all together? years

How old were you the first time you got an IUD inserted? years

Are you currently using an IUD? Yes/No

Self-perceived health

Do you rate your own current state of health as (tick one box only):

... Very good ... Good ... Poor ... Very poor

Illness

Do you have or have you had any of the following illnesses? (tick one or more boxes)

Yes/ No - If Yes, age when first discovered

Cancer

High blood pressure

Heart failure/heart cramps

Heart attack

Stroke

Diabetes

Depression (seen a doctor)

Hypothyreosis

For the following conditions, tick which year they emerged, or give the year for the period before 1991.

before 98 98 99 00 01 02 03

Muscle pains (myalgia)

Fibromyalgia/fibrositis

Chronical fatigue syndrome

Backpains of unknown cause

Whiplash

Osteoporosis

Fractures

Forearm (wrist)

Spine (compression)

Other fractures, describe.....

Other medication

Do you currently use any of these preparations daily? Yes/No

Fontex, Fluoxetin

Cipramil, Citalopram, Desital

Seroxat, Paroxetin

Zoloft

Fevarin

Cipralelex

If Yes; for how long time have you used this preparation continuously? Months..... Years.....

Have you ever used any of these preparations? Yes/No

If Yes; For how long time did you use these preparations continuously? Months..... Years.....

Height and weight

How tall are you?cm

How much do you weigh at the moment?kg

What was your weight at age 18?kg

Body type 1.st degree (tick one box only):

....Very thin ThinNormalHeavyVery heavy

Smoking habits

During life, have you smoked more than 100 cigarettes totally? Yes/No

If yes, please fill in how many cigarettes you smoked on average per day the last five years.

Number of cigarettes smoked per day

0 1-4 5-9 10-14 15-19 20-24 25+

How old were you when you smoked your first cigarette? years

Do you smoke on a daily basis at the moment? Yes/No

If No, how old were you when you quit? years

Did any of your parents smoke when you were child? Yes/No

If Yes, how many cigarettes did they smoke in total per day? cigarettes

Breast cancer in the family

Have any of your close relatives had breast cancer:

Yes No Unknown Age at start

Daughter

Mother

Sister

Mammography screening

Have you ever been to mammography screening of your breasts? Yes/No

If Yes; How old were you first time? years

How many times have you been screened?

- After invitation from the Mammography Programme times
- After referral from doctor times
- Without referral from doctor times

Physical activity

Please indicate the level of your physical activity on a scale from very low to very high by age 14, 30 and today. The scale goes from 1-10. By physical activity we mean both work in and outside the home, as well as training/exercise and other physical activity, such as walking, etc.

Age	Very low					Very high				
14 years	1	2	3	4	5	6	7	8	9	10
30 years	1	2	3	4	5	6	7	8	9	10
Today	1	2	3	4	5	6	7	8	9	10

How many hours per day do you walk or stroll outdoors at mean?

Seldom/
Never Less than
 ½ hour ½-1
 hour 1-2
 hours more than
 2 hours

Winter

Spring

Summer

Autumn

How many stairs (whole floors) do you walk per day on average?

For each of the following activities you partake in, we ask you to estimate how many minutes per day you use on these activities on average.

Minutes

Activity	Winter	Spring	Summer	Fall
Watch TV				
Reading				
Handicraft				

Gardening
Shower/bath/
personal care
Exercise/jogging
Bicycling

How many hours per day on the workplace do you on average use to **Hours**

Sit.....
 Stand.....
 Walk.....
 Lift.....
 Heavy lifting/caretaking.....

Diet

Do any of the following affect your diet? (More than one tick allowed)

Vegetarian... Do not eat Norwegian diet on daily basis... Have allergy/intolerance... Chronic illness...
 Anorexia...
 Bulimia... Try to lose weight... Low GI food...

We are interested in finding out about your usual eating habits. For each question, tick how often in the last twelve months you have eaten the food in question, and how much you usually eat/drink each time.

Drink

How many glasses of each kind of milk do you usually drink? (Tick one box on each line).

	Never/ seldom	1-4 wk	5-6/ wk	1/ day	2-3/ day	4+/ day
Full cream milk (sweet, sour)						
Semi-skimmed milk (sweet, sour)						
Extra skimmed milk						
Skimmed milk (sweet, sour)						

How many cups of each kind of coffee/tea do you usually drink? (Tick one box on each line)

	Never/ seldom	1-6 wk	1/ day	2-3/ day	4-5/ day	6-7/ day	8+/ day
Boiled coffee (kokekaffe)							
Filter coffee							
Instant coffee							
Black tea							
Green tea							

Do you use the following in coffee or tea:

	Coffee	Tea
Sugar (non-artificial sweetener)	Yes/No	Yes/No
Milk or cream	Yes/No	Yes/No

How many glasses of water do you usually drink?

	Never/ seldom	1-6 wk	1/ day	2-3/ day	4-5/ day	6-7/ day	8+/ day
Tap water and bottled water							

How many glasses of juice, limonade and soft drinks do you usually drink? (Tick one box on each line)

	Never/ seldom	1-4 wk	5-6/ wk	1/ day	2-3/ day	4+/ day
Orange juice						
Lemonade/soft drinks with sugar						
Lemonade/soft drinks with sugar						
Sugarfree lemonade/soft drinks						

Yoghurt/cereals

How often do you eat yoghurt (equivalent to 1 carton)? (Tick one box only)

.....never/seldom1/wk2-3/wk4+/wk

How often do you eat cereals, oat flakes or muesli? (Tick one box only)

.....never/seldom1-3/wk4-6/wk1/day

Bread

How many slices of bread/rolls and crispbread do you normally eat? (1/2 roll = 1 slice of bread) (Tick one box on each line)

	Never/ seldom	1-4 wk	5-7/ wk	2-3/ day	4-5/ day	6+ day
Wholemeal bread						
Kneippbrød (semi white)						
White bread						
Crispbread, etc.						

Below are some questions on use of various kinds of sandwich filling/spread. We want to know how many slices of bread with these fillings/spreads you usually eat. If you also use these products on other things than bread (e.g., on waffles, in breakfast cereals, porridge), please take this into account when answering the questions.

How many slices of bread do you eat with? (Tick one box on each line)

	Never/ seldom	1-3 wk	4-6/ wk	1/ day	2-3/ day	4+/ day
Jam						
Brown cheese, full cream						
Brown cheese, low-fat						
White cheese, full cream						
White cheese, low-fat						
Meat fillings/spreads, liver paté						
Shrimp salad, Italian salad, etc.						

How many slices of bread per week on average in the last twelve months have you eaten with? (Tick one box on each line)

	Never/ seldom	1/ wk	2-3/ wk	4-6/ week	7-9/ week	10+/ week
Mackerel in tomato sauce, smoked mackerel						
Caviar						
Herring/Anchovies						
Salmon (cured and smoked)						
Other fish fillings/spreads						

What kind of fat do you usually spread on your bread? (Tick more than one box if necessary)

..... I do not use fat on bread

..... butter

..... hard margarine (e.g., Per, Melange)

..... soft margarine (e.g., Soft)

..... margarine/butter mix (e.g., Bremykt)

..... Brelett

..... low-fat margarine (e.g., Soft light, Letta)

..... Middle fat margarine (Olivero, Omega)

If you use fat on your bread, how thick a layer do you usually spread on it? (Tick one box only)

.... very thin scraping (3g)

..... thin layer (5g)

..... well-covered (8g)

.... thick layer (12g)

Fruits and vegetables

How often do you eat fruit? (Tick one box per line only)

	Never/ seldom	1-3 month	1/ wk	2-4/ wk	5-6/ wk	1/ day	2+/ day
Apples/pears							
Oranges, etc.							
Bananas							
Other fruit							

How often do you eat various kinds of vegetables? (Tick one box per line)

	Never/ seldom	1-3 month	1/ wk	2/ wk	3/ wk	4-5/ wk	6-7/ wk
Carrots							
Cabbage							
Turnip							
Broccoli/cauliflower							
Mixed salad							
Tomatoes							
Mixed vegetables (frozen)							
Onions							
Other vegetables							

For the vegetables you eat, tick how much you eat each time. (Tick one box for each kind)

- carrots1/211 1/22+
- cabbage1/2dl1dl1 1/2dl2+dl
- turnip1/2dl1dl1 1/2dl2+dl
- broccoli/cauliflower1-2 rosette(s)3-4 rosettes5+ rosettes
- mixed salad1dl2dl3dl4+dl
- tomatoes1/41/212+
- mixed vegetables1/2dl1dl2dl3+dl

How many potatoes do you usually eat (boiled, fried, mashed)? (Tick one box)

- I do not/I seldom eat potatoes
- 1-4/wk5-6/wk 1/day 2/day 3/day4+/day

Rice, spaghetti, porridge, soup

How often do you eat rice and spaghetti/macaroni? (Tick one box on each line)

	Never/ seldom	1/ month	1/ wk	2/ wk	3+/ wk
Rice					
Spaghetti, macaroni, noodles					

How often do you eat porridge? (Tick one box only)

	Never/ seldom	1/ month	2-3/ month	1/ wk	2-6/ wk	1+/ day
Rice porridge						
Other porridge (oatmeal, etc.)						

How often do you eat soup? (Tick one box on each line)

	Never/ seldom	1/ month	1/ wk	2/ wk	3+/ wk
As main course					
As appetizer/lunch/evening meal					

Fish

We would like to know how often you eat fish. Please fill in answers to the questions on fish consumption as fully as possible. The availability of fish may vary throughout the year. Please indicate in which seasons you eat the different kinds of fish.

	Never/ seldom	Same amount all year	Winter	Spring	Summer	Fall
Cod, saithe, halibut, pollack						
Wolffish, flounder, redfish						
Salmon, trout						
Mackerel						
Herring						
Other fish types						

In the periods of the year when you eat fish, how often do you usually eat the following? (Tick one box per line)

	Never/ seldom	1/ month	2-3/ month	1/ wk	2+/ wk
--	------------------	-------------	---------------	----------	-----------

Boiled cod, saithe, halibut, pollack
 Fried cod, saithe, halibut, pollack
 Wolffish, flounder, redfish
 Salmon, trout
 Mackerel
 Herring
 Other fish types

If you eat fish, how much do you usually eat each time? (1 slice/piece = 150g) (Tick one box on each line)

- boiled fish (slice).....11.523+
 - fried fish (piece).....11.523+

How many times per year do you eat fish feed? (Tick one box only per line)

0 1-3 4-6 7-9 10+

Roe
 Fish liver

If you eat fish liver, how many tablespoonfuls do you usually take each time? (Tick one box only)

.....123-45-67+

How often do you eat the following kinds of fish dish? (Tick one box only per line)

Never/ 1/ 2-3/ 1/ 2+/
 seldom month month wk wk

Fishcakes/pudding/balls
 Fish stew, fish pie
 Fried fish (in batter), fish fingers

How much do you usually eat of the various dishes? (Tick one box only on each line)

Fishcakes/pudding/balls (pcs.) (2 fish balls = 1 fishcake).....1234+
 Fish stew, fish pie (dl).....1-23-45+
 Fried fish (in batter), fish fingers (pcs.)1-23-45-67+

In addition to information regarding fish consumption, it is important to gather information on the accompaniments served with fish. How often do you use the following together with fish? (Tick one box per line only)

Never/ 1/ 2-3/ 1/ 2+/
 seldom month month wk wk

Melted or solid butter
 Melted or solid margarine
 Clotted cream (35%)
 Reduced-fat cream (20%)
 Sauce containing fat (white/brown)
 Non-fat sauce (white/brown)

For the various kinds of accompaniments you eat with fish, please tick how much you would normally eat.

Melted or solid butter (tbs)1/212-34+
 Melted or solid margarine (tbs)1/212-34+
 Clotted cream (tbs)1/212-34+
 Reduced-fat cream (tbs)....1/212-34+
 Sauce containing fat (dl)...1/41/2.....3/412+
 Non-fat sauce (dl)1/41/23/4....12+

How often do you eat shellfish (e.g., shrimp, crab)? (Tick one box only)

..... never/seldom 1/mth 2-3/mth1+/wk

Meat

How often do you eat reindeer meat?

... Never/seldom ...1/month ...2-3/month... 1 /wk ... 2-3/wk ... 4+/wk

How often do you usually eat the following meat and poultry dishes? (Tick only one box for each dish)

Never/ 1/ 2-3/ 1/ 2+/
 seldom month month wk wk

Steak (cow, pork, mutton)
 Chops
 Beef
 Meat balls, patties
 Sausages
 Stews, hash
 Pizza with meat
 Chicken
 Bacon, pork
 Other meat dishes

If you eat the following dishes, how much do you usually eat? (Tick one box per line)

Steak (slices)1234 ... 5+
 - Chops (pcs.)1/211.52+
 - meat balls, - cakes (pcs.)1234+
 - sausages (pcs.a 150g)1/211.52+
 - stew, hash (dl)1-2345+
 - pizza with meat (pcs a 100g)1234+

Which sauces do you use to meat dishes and pasta dishes?

	Never/ seldom	1/ month	2-3/ month	1/ wk	2-6/ wk	1+/ day
Gravy						
Broth						
Tomato sauce						
Creamy sauce						

How much do you usually eat of these sauces?

Gravy (dl) ...1/4 ...1/2 ...3/4 ...1 ...2+
 Broth ...1/4 ...1/2 ...3/4 ...1 ...2+
 Tomato sauce ...1/4 ...1/2 ...3/4 ...1 ...2+
 Creamy sauce ...1/4 ...1/2 ...3/4 ...1 ...2+

Other types of food

How many eggs do you usually eat in the course of a week (fried, boiled, scrambled, omelette)?(Tick one box)
0123-45-67+

How often do you eat ice cream (for dessert, ice lollies, etc.)?

(Tick once to indicate how often you eat ice cream in summer, and once for the rest of the year)

	Never/ seldom	1/ month	2-3/ month	1/ wk	2-6/ wk	1+/ day
- in summer						
- rest of the year						

How much ice cream do you normally eat each time? (Tick one box)

.....1dl2dl3dl4+dl

How often do you eat sweet buns, cakes, Danish pastry, waffles, etc. (Tick one box)

	Never/ seldom	1-3/ month	1/ wk	2-3/ wk	4-6/ wk	1+/ day
Yeast baking (buns, etc.)						
Pastry(Danish, cream-filled)						
Cakes						
Pancakes						
Waffles						
Biscuits, cookies						
Lefser/lomper (Norwegian specialities)						

How often do you eat dessert? (Tick one box)

	Never/ seldom	1-3/ month	1/ wk	2-3/ wk	4-6/ wk	1+/ day

How often do you eat chocolate? (Tick one box)

	Never/ seldom	1-3/ month	1/ wk	2-3/ wk	4-6/ wk	1+/ day

If you eat chocolate, how much do you usually eat each time?

Use the size of a Kvikk-Lunsj (Kit-Kat) as a guide, and indicate how much you eat in relation to that) (Tick one box)
.....1/41/23/411.52+

How often do you eat salty snacks? (Tick one box)

	Never/ seldom	1-3/ month	1/ wk	2-3/ wk	4-6/ wk	1+/ day

Cod liver oil and fish oil capsules

Do you use cod liver oil (liquid)? Yes/No

If yes, how often do you use it? (Tick one box for each line)

	Never/ seldom	1-3/ month	1/ wk	2-6/ wk	Daily

- in the winter
- the rest of the year

How much cod liver oil do you usually take at one time?

.....1ts1/2ts1+ts

Do you use cod liver oil pills/capsules? Yes/No

If yes, how often do you take cod liver oil pills/capsules? (Tick one box for each line)

	Never/ seldom	1-3/ month	1/ wk	2-6/ wk	Daily

- in the winter
- the rest of the year

Which type of cod liver oil pills/capsules do you usually use, and how many do you use to take each time?

Name.....Amount.....

Dietary supplements

Do you use other dietary supplements? Yes/No

If yes, how often do you take such supplements?

	Never/ seldom	1-3/ month	1/ wk	2-6/ wk	Daily

Brand name:.....
Brand name:.....
Brand name:.....

Warm meals

How many times during a moth do you eat warm meals?

... Breakfast ... Dinner
... Lunch ... Evening meal

Alcohol

Are you a teetotaler? Yes/No

If No, how often and how much have you drunk on average in the last twelve months?

(Tick one box on each line)

	Never/ seldom	1/ month	2-3/ month	1/ wk	2-4/ wk	5-6/ wk	1/ day	2+/ day
Beer (1/2l)								
Wine (glass)								
Spirits (shorts/cocktails)								
Liqueurs								

Social conditions

Are you (tick one box only):

.....marriedcohabitantsingle...other ...divorced ...widow

How many persons are there in your household? Number:

What is your household's gross annual income?

.....less than 150 000 kr151 000-300 000 kr

.....301 000-450 000 kr451 000-600 000 kr

.....more than 750 000 kr

What is your work situation?

... work full time ... work part-time ...retired ... work at home ...education ...disabled ... rehabilitation

...unemployed

Do you work outdoors in your job? Yes/No

If Yes; how many hours per week? ...Summer ... Winter

Sun habits

Do you get freckles when you sunbathe? Yes/No

To study the effect of sunbathing on risk of melanoma, we ask you to give information about skin colour.

Tick on the colour that best matches your skin colour (without sunbathing).

(coloured scale 1-10)

How many times per year have you been sunburnt to the extent that your skin has become irritated and blistered, and peeled afterwards? (One tick for each age-group)

Age	Never	Max 1/ year	2-3/ year	4-5/ year	6 or more/ year
-----	-------	----------------	--------------	--------------	--------------------

40-49

50+

How many weeks on average per year have you taken sunbathes in southern Europe?

Age	Never	1 wk	2-3 wk	4-5 wk	7+wk
-----	-------	------	--------	--------	------

40-49

50+

The last 12 months

How often have you been sunbathing in solarium?

Age	Never	Seldom	1/month	2-3/month	3-4/month	1+/wk
-----	-------	--------	---------	-----------	-----------	-------

40-49

50+

The last 12 months

How often do you shower or take a bath?

	1+/ day	1/ day	4-6/ wk	2-3/ wk	1/ wk	2-3/ month	Seldom/ never
--	------------	-----------	------------	------------	----------	---------------	------------------

With soap/shampoo

Without soap/shampoo

When do you use cream with sun screen? (more than one tick possible)

....At Easterin Norway or outside southern Europe?sunbathing in southern Europe

Which sun factors do/did you use in these periods?

None 1-4 5-9 10-14 15+

Easter

Norway/outside south Europe

South Europe

How many irregularly shaped moles larger than 5mm do you have in total on both legs (between the toes and the groin)? Three examples of moles larger than 5mm are shown below.

.....012-34-67-1213-2425+

How often do you use the following skin care products? (Tick one box)

Never/ 1/ 2-3/ 1/ 2-4/ 5-6/ 1/ 2+/
seldom month month wk wk wk day day

Face cream

Hand cream

Body lotion

Perfume

Finally we would ask about your permission to contact you again per post. We will get your address from the central person registry. Yes/No

Are you willing to give a blood sample? Yes/No