	The first questions concern different diseases among others diabetes which we ask you about in order to continue the last investigation. Even though you feel well it is important that you answer the questions. You can answer yes to more diseases.	
1	**Do you have diabetes?**	Yes ☐ No ☐
2	**Have you or have you had one or more of the following diseases:**	
	Asthma?	Yes ☐ No ☐
	Hay fever?	Yes ☐ No ☐
	Asthma eczema (eczema in cubital fossa)?	Yes ☐ No ☐
3	**Did you ever experience short breath with wheezy breathing when having a cold, exertion, contact with animals or pollen?**	Yes ☐ No ☐
4	**Do you get winded if you walk down a level road with someone of your age?**	Yes ☐ No ☐
5	**Did you ever experience periods with coughing and expectorate lasting for months?**	Yes ☐ No ☐
6	**Did you ever experience episodes with coughing without having a cold?**	Yes ☐ No ☐
7	**Have you or have you had one or more of the following rheumatic diseases:**	
	Chronic arthritis urica?	Yes ☐ No ☐
	Infantile arthritis?	Yes ☐ No ☐
	Lupus?	Yes ☐ No ☐
	Other connective tissue diseases? Write the name(s) of the disease(s)__________	Yes ☐ No ☐
	Osteoarthrosis	Yes ☐ No ☐
	Bechterew's disease?	Yes ☐ No ☐
	Psoriasis arthritis?	Yes ☐ No ☐
	Fibrositis?	Yes ☐ No ☐
	Other rheumatic diseases? Write the name(s) of the disease(s) __________	Yes ☐ No ☐
8	**Have you or have you had one or more of the following diseases:**	
	Epilepsy?	Yes ☐ No ☐
	Fever cramps?	Yes ☐ No ☐
	Blackouts/absences without twitches or cramps?	Yes ☐ No ☐
	Other kinds of cramps or twitches in arms or legs?	Yes ☐ No ☐

9	**Have you ever had migraine?**	Yes ❐ No ❐
	In the following five questions you shall not include headache in connection with concussion or hangovers.	
10	**Have you ever had serious attacks of headache followed by nausea?**	Yes ❐ No ❐
11	**Have you ever had serious attacks of headache where both light and noise were hampering you?**	Yes ❐ No ❐
12	**Have you ever had attacks of eye disturbance from 5 to 60 minutes followed by a headache?**	Yes ❐ No ❐
13	**Have you ever had very serious pains around one of the eyes where you could not find rest and the eye watered?**	Yes ❐ No ❐
	In the following question you shall not include migraine.	
14	**How many days within the last year have you had a headache?** Answer the best you can even though it is hard to remember and mark off only one of the categories. 0 days ❐ 1-7 days ❐ 8-14 days ❐ 15-30 days ❐ 31-179 days ❐ more than 180 days ❐	
15	**Have you or have you had chronic intestinal infection? If yes, is it one of the following diseases:**	Yes ❐ No ❐
	Colitis Ulcerosa?	Yes ❐ No ❐
	Crohns disease?	Yes ❐ No ❐
	Chronic infection of the rectum?	Yes ❐ No ❐
16	**Have you or have you had anorexia?**	Yes ❐ No ❐
17	**Does anyone among your family or friends think that you have or have had anorexia?**	Yes ❐ No ❐
18	**Have you or have you had a drastic desire for eating which forces you to stuff yourself with food whereafter you throw up in order to avoid putting on weight?**	Yes ❐ No ❐
19	**Have you ever had trouble (pains, soreness, stiffness or other discomfort) in the lower part of the back?**	Yes ❐ No ❐
20	**Have you ever had pains radiating from the back to the legs (ischias)?** If yes, what leg: right leg ❐ left leg ❐ both legs ❐	Yes ❐ No ❐
21	**How many days in total within the last twelve months have you had trouble with the lower part of your back?**	____ days
22	**Have you had trouble with the lower part of the back today?**	Yes ❐ No ❐

23	**Have you or have you had a metabolism above normal?**	Yes ☐ No ☐
24	**Have you or have you had a metabolism below normal?**	Yes ☐ No ☐
25	**Have you or have you had goitre?**	Yes ☐ No ☐
26	**Have you or have you had other long lasting diseases?** **If yes, which diseases:** ____________________ ____________________	Yes ☐ No ☐
	The next questions concern medicine, general practitioner and hospital	
27	**Do you or did you for longer periods use medicine regularly or when having attacks?** (e.g. asthma, gout or epilepsy medicine). Please write down the name of the medicine here: ____________________ ____________________ ____________________	Yes ☐ No ☐
28	**May we obtain information from your own doctor or from the hospital which has treated you if we should need more information?** My own doctor's name and address: ____________________ ____________________ Hospitals or specialists who have treated me: ____________________ ____________________	Yes ☐ No ☐
	Now I have some questions about lifestyle and habits. Please answer as well as you can even though you cannot be exact.	
29	**How tall are you?** (without shoes)	____ cm
30	**What is your weight?** (without clothes and shoes)	____ kilos
	If you are pregnant or gave birth less than a year ago, please write down your <u>normal</u> weight as well.	____ kilos
31	**What was your weight a year ago?** (approx.)	____ kilos
32	**How is your figure compared to persons of the same age and sex:** (only one mark per question) **Have you got a pot belly?** No ☐ Yes, small ☐ Some ☐ Big ☐ Very big ☐ **Are you heavily built around hips, behind and thighs?** No ☐ Yes, a little ☐ Somewhat ☐ Rather big ☐ Very big ☐	

33	**Are you satisfied with your figure?** If no, why not: ________________________________ ________________________________	Yes ❐ No ❐
34	**Did you ever experience a <u>gain of weight</u> of more than 4 kilos in one year?** (do not include gain of weight during childhood or pregnancy). **Why do you think it happened last time?** (e.g. slimming, disease, medicine, grief, changed eating, exercising or smoking habits). ________________________________	Yes ❐ No ❐
35	**Did you ever experience a <u>loss of weight</u> of more than 4 kilos in one year?** (do not include loss of weight after a childbirth). **Why do you think it happened last time?** (e.g. slimming, disease, medicine, grief, changed eating, exercising or smoking habits). ________________________________	Yes ❐ No ❐
	The next questions concern your general physical activity and exercise	
36	**How will you describe your <u>job or your daily occupation</u>?** (the question is to be answered also by housewives, pupils, students and unemployed persons) Mainly sitting ❐ Sitting or standing, sometimes walking ❐ Walking, sometimes with lifts ❐ Heavy physical work ❐	
37	**How will you describe your <u>spare time</u>?** (include also transport to and from work/school). **Light physical activity** (only one mark) Less than 2 hours weekly ❐ 2-4 hours weekly ❐ More than 4 hours weekly ❐ **Exhausting physical activity** (only one mark) Less than 2 hours weekly ❐ 2-4 hours weekly ❐ More than 4 hours weekly ❐	
38	**How is your physical condition compared to that of persons of your age?** The same ❐ Worse ❐ Better ❐	
39	**How is your physical condition compared to that of your twin?** The same ❐ Worse ❐ Better ❐	

	The next questions concern smoking	
40	**Do you smoke?** No ❐ Yes, daily ❐ Yes, but not every day ❐	
41	**If no, have you previously smoked every day?** No ❐ Yes ❐ Quit smoking in 19 ___	
42	**If you smoke daily, how much do you smoke?** (write the amount) ___ cigarettes daily ___ cheroots daily ___ cigars daily ___ pipes of tobacco weekly **How old were you when you started smoking?** ___ years	
	The next questions concern family relations, education and work	
44	**Whom do you live with?** (more than one mark, if necessary) Parents ❐ Your twin ❐ Other brothers and sisters ❐ Spouse/cohabitant ❐ Child/children ❐ Others ❐ Alone ❐	
45	**Did you grow up with your twin?** Yes ❐ No ❐	
46	**For how many years have you lived together with your twin?** ___ years	
47	**If you don't live with your twin how often are you in contact?** (include telephone conversations). never ❐ Approx. every month or rarer ❐ A couple of times a month ❐ Approx. every week ❐ Approx. every day ❐	
48	**How many years did you go to school?** (elementary school, high school, Higher Preparatory School). ___ years	
49	**Which educations have you finished?** (more marks, if necessary). No education beyond elementary school ❐ Semi-skilled worker ❐ Standard basic training at apprentice school ❐ Less than 1 year of education ❐ 1-3 years of education, possibly practical ❐ 3 years of education e.g. technician, pedagogue ❐ Academic education of more than 3 years ❐ Still in the process of training ❐	
50	**What is your job/occupation?** (Write down the exact occupation, eg master builder or bricklayer, not just builder, and describe more specifically what you do). ____________________ ____________________	

	The following questions concern having children or trying to have children. When we talk about your "partner", this concerns both your present spouse/cohabit and a previous partner, if any.
51 52	**Have you ever become a father/mother?** **If yes, how many children have you had?** (only your own natural children are to be included) — Yes ❐ No ❐ — ___ child/ children
53	**What year did you and your partner try to have children <u>for the first time?</u>** We started in 19___ Got pregnant despite the use of birth control (mark this and go to Qu. 55) ❐ Have never tried to have children (mark this and go to Qu. 56) ❐

54

How did this first try end? (only one mark)	Less than 2 months	2-4 months	5-9 months	10-17 months	1½ years or more
Got pregnant after we had tried for:					
We stopped trying after:					
We still try for the first time and have now tried for:					

If this first try resulted in pregnancy:
Was the result of this pregnancy (mark)

❐ a live-born child ❐ a still-born child ❐ twins ❐ spontaneous abortion

❐ other (if yes, what) ______

55 **Have you and your partner <u>ever tried for more than one year</u> to have children without pregnancy occurring within this year?** Yes ❐ No ❐
(Answer yes, also if you succeeded in getting pregnant after more than one year)

Answer the remaining questions on this page only if you are a girl/woman

56 **How old were you when you had your first period?** ___ years ___ months

Have not had my period yet (mark this and go to Qu. 58) ❐

57 **Have you had times apart from pregnancy when your period stopped?** Yes ❐ No ❐

If yes, for how long? ___ years ___ months

The two next questions are to be answered only if your twin is also a girl/woman

58 **Who of you got your period first?** (make a mark)

You ❐ Your twin sister ❐ At the same time (same day) ❐ Don't know ❐

59 **How long time passed between your and your sister's first period ?**

___ years ___months ___weeks ___days ___don't know

The purpose of the following questions is to examine how much fat and alcohol is included in your food. Please answer how often you eat the things mentioned. Only one mark in each of the level rows												
	Never	**Number of times per month**			**Number of times per week**			**Number of times per day**				
How often do you drink the following:		**Less than 1**	**1**	**2-3**	**1**	**2-4**	**5-6**	**1**	**2-3**	**4-5**	**6-7**	**8 or more**
1 glass of full milk	❒	❒	❒	❒	❒	❒	❒	❒	❒	❒	❒	❒
1 glass of low-fat milk	❒	❒	❒	❒	❒	❒	❒	❒	❒	❒	❒	❒
1 glass of skimmed milk	❒	❒	❒	❒	❒	❒	❒	❒	❒	❒	❒	❒
1 glass of buttermilk	❒	❒	❒	❒	❒	❒	❒	❒	❒	❒	❒	❒
1 beer	❒	❒	❒	❒	❒	❒	❒	❒	❒	❒	❒	❒
1 strong beer	❒	❒	❒	❒	❒	❒	❒	❒	❒	❒	❒	❒
1 glass of wine	❒	❒	❒	❒	❒	❒	❒	❒	❒	❒	❒	❒
1 glass of dessert wine	❒	❒	❒	❒	❒	❒	❒	❒	❒	❒	❒	❒
1 drink of alcohol	❒	❒	❒	❒	❒	❒	❒	❒	❒	❒	❒	❒
How often do you eat a slice of bread with the following:												
Ordinary cheese	❒	❒	❒	❒	❒	❒	❒	❒	❒	❒	❒	❒
Mayonnaise and/or remoulade as garnish	❒	❒	❒	❒	❒	❒	❒	❒	❒	❒	❒	❒
How often do you eat the following bread buttered:												
½ slice of brown bread	❒	❒	❒	❒	❒	❒	❒	❒	❒	❒	❒	❒
1 slice of white bread	❒	❒	❒	❒	❒	❒	❒	❒	❒	❒	❒	❒
1 slice of coarse white bread	❒	❒	❒	❒	❒	❒	❒	❒	❒	❒	❒	❒
1 slice of crisp bread	❒	❒	❒	❒	❒	❒	❒	❒	❒	❒	❒	❒

What type of fat do you most often spread on bread (butter, margarine, lard or similar)? Do you butter your bread sparsely or normally?				
	mention type of fat	**normally spread**	**sparsely spread**	**none**
On brown bread:		❒	❒	❒
On white bread		❒	❒	❒
On crisp bread		❒	❒	❒

Are you a vegetarian?	Yes ❒ No ❒