

P³G - Questionnaire of KORA-gen

(English translation)

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This is the reference questionnaire for KORA-gen
The questionnaire has been used in the KORA S4 study 1999-2001
and includes all relevant questions of the earlier MONICA/KORA studies in Augsburg, Germany

Life and health in the Augsburg Region

C1. Interview date (dd/mm/yy) (_ / _ / _)

C2. Starting time of the interview (hh:mm) (_ : _)

C3. Examination Center

C4. Examiner (number)

C5. Gender ☐ Male
☐ Female

I would like to ask you some personal questions

C6. When were you born? (dd/mm/yy)(_ / _ / _)

C7. Where you born in the area of today's Germany? ☐ Yes.....go to.....C10
☐ No

C8. In which country were you born?
The today's name of the country is meant _____

C9. Since when do you live in today's Germany? Year
 Age

INT: Please, only one information,
either year or age!

- C10. Where did you live in 1988?
(This means before the german reunification)
- ☐ In the area the old federal republic
☐ In the area of the former GDR
☐ Neither
- C11. What is your marital status?
- Married
Single
Divorced
Widowed
- C12. Do you live together with a husband
or a partner in a common household?
- ☐ Yes
☐ Nogo to.....C14
- C13. Since when do you live together?
INT: Please, only one information,
either year or age!
- ☐☐☐☐ Year
☐☐ Age
- C14. What is the highest level of
education you have completed?
INT: Hand over list A
- ☐ Primary school
☐ Secondary school
☐ Tertiary scholl
☐ College / University go to.....C16
☐ Other _____
☐ No formal education or degree
- C15. What is the highest level of
vocational training you have
completed?
- ☐ None
☐ Vocational school (apprenticeship)
☐ Professional school / technical school
☐ Engineer's / polytechnic school
☐ Other _____
- C16. Are you employed at the moment?
INT: regularly part-time
= less than 35 hrs./week, but more
than 15 hrs/week; less than part-time
or irregularly = less than 15hrs./week
and a maximum wage of 630 DM
- ☐ Yes, all-day..... go to...C21N
☐ Yes, regularly part-time..... go to....C21N
☐ Yes, less than p-t or irregularly.. go to...C21N
☐ No
- C17. Are you at the moment ...?
INT: Hand over list B!
- ☐ Unemployed.....go to....C20
☐ Housewife / househusband.....go to...C20
☐ In education or retraininggo to....C20
☐ In the military service or alternative service
.....go to...C20
☐ in maternity protection, parental leave or other leave
.....go to....C20

☐ pensioner / retiree

- C18. Which year have you gone to pension or how old were you at that time?

Year
 Age

INT: Please, only one information, either year or age!

- C19. Which of the following information applies to you? INT: Read!

☐ Because of achievement of the age limit for pension / retirement
☐ In pension / retirement prematurely for health reasons
☐ In pension / retirement prematurely for others than health reasons

- C20. Have you been employed or self-employed before?

☐ Yes
☐ Nogo to.....C23

- C21. Have you ever been exposed to pollutants at least 6 month at a working place?

☐ Yes
☐ No
☐ I don't know

- C22. Which position have or did you have in your occupation?
You are or were
Blue collar worker?...
White collar worker?...Civil servant?
Self-employed?... helping family member? ... something else? (e.g., in education, etc.)
INT: The present or last occupation is meant!

Blue collar worker

☐ Unskilled
☐ Semi skilled
☐ Skilled
☐ Headman
☐ Master, site foreman
☐ No information

White collar worker

☐ Industrial master and foreman
☐ With simple activity (e.g., sales clerk, clerk)
☐ With qualified activity (e.g., accountant, technical draftsman)
☐ With management function (e.g., scientific employee, attorney, department manager)
☐ With comprehensive leadership tasks (e.g., manager, director, board of directors of bigger companies and federations)
☐ No information

Civil servant

☐ In the lower grade

- ☐ In the middle grade
- ☐ In the upper grade
- ☐ In the highest grade
- ☐ No information

Self-employed, farmer

- ☐ With one employee or alone
- ☐ With two to nine employees
- ☐ With ten and more employee

Self-employed, others

- ☐ With an employee or alone
- ☐ With two to nine employees
- ☐ With ten and more employees
- ☐ No information

☐ **Helping members of the family**

☐ **Other (e.g., trainee, pupil, etc.)**

- ☐ Primary school
- ☐ Secondary school
- ☐ Tertiary school-
- ☐ College / University..... C25
- ☐ Other _____
- ☐ No formal education degree

C23. What is the highest level of education your husband or partner has completed?
INT: The last partner Is meant!
Hand over list A

C24. What is the highest level of vocational training your partner has completed?

- ☐ None
- ☐ Vocational school (apprenticeship)
- ☐ Professional school / technical school
- ☐ Engineer's / polytechnic school
- ☐ Other _____

C25. Is or has your husband or partner ever been employed?

- ☐ Yes
- ☐ No.....A1

C26. Which position has or did your husband or partner have in his occupation? Is or was your partner. Blue collar worker?... White collar worker?... Civil servant? Self-employed?... helping family member? ... something else? (e.g., in education, etc.)
INT: The present or last occupation is meant!

Blue collar worker

- ☐ Unskilled
- ☐ Semi skilled
- ☐ Skilled
- ☐ Headman
- ☐ Master, site foreman
- ☐ No information

White collar worker

- ☐ Industrial master and foreman

- ☐ With simple activity (e.g., sales clerk, clerk)
- ☐ With qualified activity (e.g., accountant, technical draftsman)
- ☐ With management function (e.g., scientific employee, attorney, department manager)
- ☐ With comprehensive leadership tasks (e.g., manager, director, board of directors of bigger companies and federations)
- ☐ No information

Civil servant

- ☐ In the lower grade
- ☐ In the middle grade
- ☐ In the upper grade
- ☐ In the highest grade
- ☐ No information

Self-employed, farmer

- ☐ With one employee or alone
- ☐ With two to nine employees
- ☐ With ten and more employee

Self-employed, others

- ☐ With an employee or alone
- ☐ With two to nine employees
- ☐ With ten and more employees
- ☐ No information

☐ **Helping members of the family**

☐ **Other (e.g., trainee, pupil, etc.)**

A1. How many persons live constantly in your household, you (including yourself)? INT: Household means here that all members pay their income into a kitty, from which costs are paid for (e.g., rent, basic food, electricity).

persons
If number of persons =1go to.....A3

A2. How many persons in your household are:
18 years and older?
up to 6 years old?
7 to 14 years old?

persons
 persons
 persons

15 to 17 years old? persons
 INT: Only if the number of persons from the preceding question agrees with sum of persons the interview can go on! Please indicate 0 in not occupied age groups

- A3. How high is the monthly net income of your household all together, i.e. the income which all members of the household have together deducting taxes and social security contributions? Please name the appropriate number of the list R1.
 Number
 INT: Present List R1! Please select the suitable number! -Income from renting / lease or taxes on capital income is also meant!

Now we come to questions to your state of health and to recent doctor's visits e.

CORE MODULE 1: UTILIZATION OF HEALTH CARE

- C27. When have you visited the doctor for the last time? INT: Inpatient and dental treatment do not count as a doctor's visit. ☐ within the last 4 weeks
☐ within the last 2-12 months. go to.C29
☐ more than one year ago go to C29
☐ I do not know..... go to C29
- C28. How often have you visited the doctor during the last 4 weeks? number of visits
 INT: Inpatient and dental treatment do not count as doctor's visit.
- C30. Have you been in a hospital for inpatient treatment during the last 12 months ? ☐ Yes
☐ No go to ...C29
- C31. How often have you been in a hospital during the last 12 months? number of visits
- C29. Have you taken part in a cancer screening test in the last 12 months? ☐ Yes
☐ No
- I1. Do you have a vaccination book or a vaccination identity card, in which vaccinations are documented? ☐ Yes
☐ No
☐ I don't know

12. Have you been inoculated against the following diseases in the last 10 years?
- | | Yes | No | I don't know |
|--|--------------------------|--------------------------|--------------------------|
| Tetanus (tetanus) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Diphtheria | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Polio (poliomyelitis) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Hepatitis A (including Immunglobuline) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Hepatitis B | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Encephalitis after tick bite | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Virus influenza | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Typhoid | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| German measles | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Measles | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Mumps | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Namely _____ | | | |

13. Did you have any of the following diseases as a child or youngster up to the age of 18 years?
- | | Yes | No | I don't know |
|------------------------|--------------------------|--------------------------|--------------------------|
| Diphtheria | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Whooping cough | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Measles | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Mumps | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| German measles | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Chicken pox | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Scarlet fever | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Tuberculosis | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Dysentery | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Typhoid or paratyphoid | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Polio (poliomyelitis) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- C44Z. Did you have a flu, cold , or another inflammatory disease within the last week?
- | |
|---------------------------------------|
| <input type="checkbox"/> Yes |
| <input type="checkbox"/> No |
| <input type="checkbox"/> I don't know |

CORE MODULE 2: HEALTH QUESTIONS

- C33. How would you estimate your present physical constitution?
- | |
|------------------------------------|
| <input type="checkbox"/> Very good |
| <input type="checkbox"/> Good |
| <input type="checkbox"/> Fair |
| <input type="checkbox"/> Poor |
- C34. Have you ever been told by a doctor
- | |
|------------------------------|
| <input type="checkbox"/> Yes |
|------------------------------|

that you had a myocardial infarction? ☐ No go toC37
☐ I don't know..... go toC37

C35. How many myocardial infarctions have you had?

C36A. Which year did the myocardial infarction occur?

INT: With every myocardial infarction ask:

Were you treated in-patient in a hospital?

In which hospital were you treated?

If more than five myocardial infarctions occurred, the first one and the last four myocardial infarctions are quoted.

If the myocardial infarction was ascertained only later and the time is unknown, then enter 9999 in year.

Year	Inpatient treatment		hospital
	Yes	No	
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	_____
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	_____
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	_____
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	_____
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	_____

C37. Have you ever been told by a doctor that you had a stroke? ☐ Yes
☐ No..... go to....C40
☐ I don't know..... go toC40

C38. In which year did the stroke occur?

INT: If test person gives his age then enter age at that time.

If several Strokes have occurred, enter the most recent. If time is unknown, then enter 9999.

Year
of age at that time

C39. Were you treated inpatient in a hospital at that time? ☐ Yes
☐ No

C40. Do you have diabetes mellitus? ☐ Yes
☐ No..... go toC44
☐ I don't know..... go toC44

C41. Has it been ascertained or confirmed by a doctor? ☐ Yes
☐ No..... go to ...C44

C41A. Do you know which type of diabetes ☐ Juvenile diabetes (type 1)

you have?

- ☐ Adult diabetes (type 2)
- ☐ Pregnancy diabetes
- ☐ Diabetes after pancreatitis
- ☐ I do not know

C42. In which year was it diagnosed?
INT: If test person gives his age
then enter age at that time. If the time
is unknown, then enter 9999.

Year
or age at that time

C43. How are you treated?
INT: Only one information!
Think also of insulin
injections and pumps!

- ☐ Only with tablets
- ☐ Only with insulin
- ☐ With insulin and tablets
- ☐ Only diet
- ☐ No treatment

C43A. Have any of the following diseases or
complications occurred?

Retinopathy (vascular damages in the
ocular background)

Yes No I don't know

☐ ☐ ☐

Loss of sight

☐ ☐ ☐

Protein in the urine

☐ ☐ ☐

Kidney failure

☐ ☐ ☐

Treatment with "artificial kidney" (dialysis)

☐ ☐ ☐

Nervous sufferings in the legs (deafness,
burnings, prickle)

☐ ☐ ☐

Amputation* (toe, foot, shank or
thighs)

☐ ☐ ☐

INT: Do not indicate any amputations after accidents!

C43C. Do you have a diabetic passport?
INT: If test person has brought
Diabetic passport with him, it should be
used, when answering to the following
questions.

- ☐ Yes
- ☐ No

C43D. Do you know what "HbA1c" means?

- ☐ Yes
- ☐ No

C43E. When was your HbA1c value
measured for the last time?

- ☐ Within the last 12 months
- ☐ More than one year ago
- ☐ Never
- ☐ I do not know

C43F. When were your eyes examined for
the last time?

- ☐ Within the last 12 months
- ☐ More than one year ago

☐ Never
☐ I do not know

C43G. When were your feet examined for the last time (because of your diabetes)?

☐ Within the last 12 months
☐ More than one year ago
☐ Never
☐ I do not know

C43H. Have you ever taken part in a diabetic's training?

☐ Yes
☐ No go to ...C43J

C43I. When was your last diabetic's training?

☐ Within the last 12 months
☐ More than one year ago
☐ I do not know
If C43C = 2 (diabetic's passport is not led)..... go toCK1

C43J. (see INT)

☐ Yes
☐ No
INT: Has the test person answered the last questions (started with the question on HbA1c) by consulting the diabetic passport?

CK1. Have you ever had cancer?

☐ Yes
☐ No
☐ I don't know

CK2. In which year was this ascertained?
INT: If test person gives his age then enter age at that time. If the time is unknown, then enter 9999.

Year
or age at that time

CK3. What kind of cancer?

C44. We question you now about several diseases. Please, answer in each case the following questions:
Have you had one of the following diseases within the last 12 months?
If so: Has this disease appeared within the last 12 months for the first time?
If so: Were you treated for this disease within the last 12 months ?

Disease within Last 12 months Yes No Don't Know	First diagnosis within 12 months Yes No Don't Know	Treatment Yes No Don't Know
1. Varicose veins (with or without "open legs", Ulcus cruris)		
2. Phlebitis with superficially recumbent veins		
3. Thrombosis of the deep-recumbent veins		

4. Blood circulation disturbances in the heart (angina pectoris)
5. Blood circulation disturbances in the legs (peripheral arterial disease)
6. Heart weakness (cardiac insufficiency, heart failure)
7. Kidney disease
8. Liver disease
9. Gastritis
10. Peptic ulcer or duodenal ulcer
11. Gall bladder inflammation or gallstones
12. Cancer
13. Raised blood lipids (cholesterol, triglycerides)
14. Gout, raised uric acid
15. Goiter (Struma), other diseases of the thyroids
16. Inflammatory joint disease, e.g., chronic polyarthritis
17. Arthrosis of hip, knee, shoulder or ankle joints
18. Back pains, pain from intervertebral discs, as for example slipped disk (Sciatica)
19. Osteoporosis, i.e. decreased bone density
20. Migraine (attack-like headaches)
21. Lung asthma (bronchial asthma)
22. Chronic bronchitis, i.e. cough with expectoration in the morning during most days, at least 3 months in the year)
23. Other
24. Other

CORE MODULE 3: ANGINA PECTORIS (ROSE QUESTIONNAIRE)

- C45. Have you ever had any pain or discomfort in your chest ? ☐ Yes
☐ No go to....C53A1
- C46. Do you get it when you walk uphill or hurry? ☐ Yes
☐ No..... go toC53
☐ I never hurry or walk uphill
- C47. do you get it when you walk at an ordinary pace on the level? ☐ Yes
☐ No
- C48. What do you do, if you get it while you are walking? ☐ I stop or slow down
☐ I take nitroglycerine
☐ I carry on walking in the same pace C53
- C49. If you stand still, what happens to it ☐ Relieved
☐ Not relieved..... go toC51
- C50. How soon? ☐ 10 minutes or less
☐ More than 10 minutes

C51.	Will you show me, where it was?	Yes	No
	INT:; Record all areas mentioned, multiple answers are possible. The person should show the area of discomfort or pain.		
	Sternum	<input type="checkbox"/>	<input type="checkbox"/>
	Left arterial chest	<input type="checkbox"/>	<input type="checkbox"/>
	Neck / jaw	<input type="checkbox"/>	<input type="checkbox"/>
	Left shoulder	<input type="checkbox"/>	<input type="checkbox"/>
	Other	<input type="checkbox"/>	<input type="checkbox"/>

C52. Does the pain or the discomfort radiate into the left arm ? ☐ Yes ☐ No

C53. Have you ever had a severe pain across the front of your chest lasting for half an hour or more ? ☐ Yes ☐ No

MODULE CORE 3 A: INTERMITTENT CLAUDICATION

C53A1 Do you get pain in either leg on walking? ☐ Yes ☐ No..... go toC54

C53A2 Does this pain ever begin when you are standing still or sitting? ☐ Yes..... go toC54 ☐ No

C53A3 In what part of your leg do you feel it? ☐ Pain includes calf / calves ☐ Pain does not include calf / calves go to ...C54

C53A4 Do you get it if you walk uphill or hurry? ☐ Yes ☐ No ☐ I never hurry or walk uphill

C53A5 Do you get it if you walk at an ordinary pace on the level? ☐ Yes ☐ No

C53A6 Does the pain ever disappear while you are walking? ☐ Yes.....C54 ☐ No

C53A7 What do you do, if you get it when you are walking? ☐ I stop or slow down ☐ I carry on

C53A8 What happens if you stand still? ☐ Relieved ☐ Not relieved

C53A9 How soon? ☐ 10 minutes or less ☐ More than 10 minutes

MODULE CORE 4: BLOOD PRESSURE / BLOOD LIPIDS

- C54. Have you ever been told that you have elevated or high blood pressure? ☐ Yes
INT: Please read out question slowly! ☐ No..... go toC58
When the answer is "no" or "I don't know", ask the question again! ☐ I don't know..... go toC58
- C55. In which year was your elevated blood pressure diagnosed for the first time? Year
Or how old were you at that time? or age at that time
INT: Please, only one information, thus either year or age! If time is unknown, then year is coded as 9999.
- C56. Have you ever been told by a doctor that you have high blood pressure? ☐ Yes
☐ No
- C57. Have you taken any blood pressure medication in the last 2 weeks? ☐ Yes
☐ No
- C58. Have you ever had elevated cholesterol values or elevated blood lipids? ☐ Yes
☐ No
- C59. In which year were your elevated blood lipids diagnosed for the first time? Year
or how old were you at that time? or age at that time
INT: Please, only one information, thus either year or age! If time is unknown, then year is coded as 9999.
- C60. Have you ever been told by a doctor that you have elevated cholesterol or blood lipids? ☐ Yes
☐ No

The following questions refer to your food, your physical activity and smoking.

MODULE CORE 8: SMOKING INCLUDING PASSIVE SMOKING

- C68. Do you smoke cigarettes now? ☐ Yes
☐ No.....C73
- C69. In which year did you start smoking cigarettes or how old were you at that time? Year
INT: Please, only one information, thus either year or age! If time is unknown, then or age at that time

year is coded as 9999.

C70. Do you smoke regularly or occasionally;
occasionally, i.e. usually less than one
cigarette per day? ☐ Regularly
☐ Occasionally..... go toC76

C71. Which brand of cigarette do you mainly
smoke?
INT: Trade name or hand-rolled cigarettes
(Put down code S. 88). Code trade name
according to cigarette list.

☐☐☐☐

C72. About how many cigarettes do you smoke
per day? Number ☐☐☐

C73. Did you ever smoke cigarettes? ☐ Yes
☐ No

C74. In which year did you start smoking
cigarettes or how old were you at that time? Year ☐☐☐☐
or age at that time ☐☐
INT: Please, only one information, thus
either year or age! If time is unknown,
then year is coded as 9999.

Commentaire [f1] : Frage ist
doppelt! Siehe C69!

C75. When did you stop smoking cigarettes?
INT: Please, only one information, thus
either year or age! If time is unknown,
then year is coded as 9999.
☐ Less than 1 month ago
☐ 1-3 months ago
☐ 4-6 months ago
☐ 7-12 months ago
☐ More than 1 year ago, namely:
Year ☐☐☐☐
or age at that time ☐☐

C76. What was the maximum number of
cigarettes you ever smoked per day for
as long as a year? Number ☐☐☐☐

C77. Have you ever smoked cigars, cigarillos
or pipe?
If so, do you still smoke? ☐ No
☐ Used to, but not now
☐ Yes, occasionally, i.e. less than
1 cigar, cigarillo or pipe per day
☐ Yes, regularly

If A1 = 1 (only 1 person in
the household) and C16 > 3

(test person nowadays
employed).....go to.....C81

If A1 = 1 (only 1 person in
the household) and C16 = 3
(test person nowadays not
employed).....go to.....C82

- C78. Is there anyone else in your household who smokes? ☐ Yes
☐ No
- C79. How much are you exposed to cigarette smoke from others in your household? ☐ A lot
☐ plenty
☐ little
- C81. How much are you exposed to cigarette smoke from other persons at your workplace or working room? ☐ A lot
☐ plenty
☐ little
☐ Not at all
- C82. Are you bothered by the smoking of others? ☐ Often
☐ Sometimes
☐ Never

If A1 = 1 (only 1 person in the
household)
or
(If A1 > 1 (more than 1 person in the
household) and nobody smokes in the
household (C78 = no).....go toC85

- C83. Is your husband or partner (or another member of your household) a smoker? ☐ Yes
☐ No..... go toC86
- C84. What does your husband or partner smoke? ☐ Only cigarettes
INT: present List D ☐ Cigarettes and also cigars,
cigarillos or pipe
☐ Only cigars, cigarillos or pipe
- C85. Does your husband or partner smoke more than 20 cigarettes per day or less? ☐ More than 20 cigarettes / day
☐ Less than 20 cigarettes / day

MODULE CORE 9: CONSUMPTION OF ALCOHOL

- C86. How much beer, wine or liquor did you drink over the previous weekend
- | | |
|------------------|--|
| Beer (0.5L) | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> L |
| Light beer(0.5L) | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> L |

(Saturday and Sunday)?

INT: Alcoholic drinks according to list!

If the person did not drink enter 0.0 or 0

Alcohol-free beer (0.5 l)

____, ____ L

Wine or champagne (0.2 L)

____, ____ L

Liquor (number of glasses a 0.02 l)

____ glasses

C87. How much beer, wine or liquor did you drink during the previous workday?

INT: If the last working day was a

Friday, then take the day before

(Thursday). If the person did not drink enter 0.0 or 0

Beer (0.5L)

____, ____ L

Light beer(0.5L)

____, ____ L

Alcohol-free beer (0.5 l)

____, ____ Liter

Wine or champagne (0.2 L)

____, ____ Liter

Liquor (number of glasses a 0.02 l)

____ glasses

CORE MODULE 10: FOOD FREQUENCY

C90. How often do you eat the following foods?

INT: Present list E! Question every food individually.

Almost
Daily

Several
times/week

About once
a week

Several times
a month

Once a
month or
less frequent

Never

Meat (without sausages)

Sausages, ham

Poultry

Fish

Potatoes

Pasta

Rice

Salad or vegetable, raw

Vegetable, cooked

Fresh fruit

Chocolate, chocolates

Cakes, pastries, biscuits

Other sweets (candies, among other things)

Salted snacks such as salted peanuts, crisps, and others

White bread, brown bread, toast bread

Whole grain bread, black bread, crisp bread

Flaked oats, muesli, cornflakes

Curd, yoghurt, sour milk

Low-fat milk products up to 1.5% fat content

(yoghurt, milk, curd, and others)

Cheese

Eggs

Milk including buttermilk

Margarine (as a spread)
 Which: _____
 Butter (as a spread)
 Diet lemonade, other diet beverages
 Fruit juices
 Other soft drinks (lemonades,
 cola-beverages, and others)
 Mineral water

C91. How many cups of coffee and how many cups black or green tea do you normally drink during a day?
 INT: Convert information in 'normal' cups! If test person drinks no coffee or tea, enter 0. If only 1 to 2 cups per week, then also enter 0.

Number of cups of coffee / day |__|__|
 Number of cups of tea / day |__|__|

C92. Do you follow a diet or do you have special eating habits?

☐ Yes
☐ No..... go toC94

C93A. Do you follow a gluten free diet, i.e. you avoid foods that contain wheat, rye, barley or oats?

☐ Yes
☐ No..... go to.....C93E

C93B. Do you follow this diet because you suffer from coeliac disease (Sprue)?

☐ Yes
☐ No

C93C. Do you follow this diet because you suffer from dermatitis herpetiformis?

☐ Yes..... go toC93E
☐ No

C93D. Do you follow a diet for other reasons?

C93E. What other diet or eating habits do you follow?

CORE MODULE 11: PHYSICAL ACTIVITY

A4. How intensively do you pursue gymnastic exercises, fitness or sport?
 INT: The subjective appraisal of the test persons!

☐ Very intensely
☐ Intensely
☐ Less intensely
☐ Not intensely
☐ Not at all
☐ I do not know

- C94. How often do you carry out sports in the winter?
☐ Regularly more than 2 hours per week
☐ Regularly 1 to 2 hours per week
☐ Less than 1 hour per week
☐ No sporty activity in winter
- C95. How often do you carry out sports in the summer?
☐ Regularly more than 2 hours per week
☐ Regularly 1 to 2 hours per week
☐ Less than 1 hour per week
☐ No sporty activity in summer
- C96. How would you classify your work or main employment ?
☐ As heavy physical work
☐ As moderately severe physical work
☐ As light physical work
☐ No appreciable physical work
- C97. In addition, how long do you usually walk on working days, for example going for a walk, going to work, shopping?
☐ More than one hour
☐ Half up to one hour
☐ A quarter up to half an hour
☐ Less than a quarter of an hour
- C98. In addition, how long do you usually go by bike on working days, as for example ways to work or to shopping?
☐ More than one hour
☐ Half up to one hour
☐ A quarter up to half an hour
☐ Less than a quarter of an hour
☐ Do not go by bike
- C99. Do you have trouble getting to sleep?
☐ Often
☐ Sometimes
☐ Almost never
- C100. Do you have trouble staying asleep?
☐ Often
☐ Sometimes
☐ Almost never

Now we would like to question you about your family and about illnesses in the family.

MODULE CORE 5: FAMILY HISTORY

- C61 Does or did your biological father have one of the following diseases?
 If so: Did the disease occur before the age of 60 for the first time or later?

disease occurred?			When for the first time occurred?		
Yes	No	I don't know	Before age 60	Age 60 or later	I don't know

Diabetes (diabetes mellitus)

High blood pressure (hypertension)
 Myocardial infarction
 Stroke
 Cancer
 Which: _____

C61A. Does or did your biological mother have one of the following diseases?
 If so: Did the disease occur before the age of 60 for the first time or later?

disease occurred?			When for the first time occurred?		
Yes	No	I don't know	Before age 60	Age 60 or later	I don't know

Diabetes (diabetes mellitus)
 High blood pressure (hypertension)
 Myocardial infarction
 Stroke
 Cancer
 Which: _____

C62. Is your father still alive? ☐ Yes..... go toC65
 INT: The biological father is meant. ☐ No
☐ I do not know..... go toC65

C63. How old was your father when he died? Age during years
 INT: If age of the father not known, then put in a note!

C64. What was the cause of death? ☐ Accident
 INT: Please, only one information! ☐ Diabetes (diabetes mellitus)
☐ Cardiac infarction
☐ Stroke
☐ Cancer
 Which: _____
☐ Died in the war
 Other: _____
☐ I do not know

C65. Is your mother still alive? ☐ Yes..... go toFV
 INT: The biological mother is meant. ☐ No
☐ I do not know..... go toFV

C66. How old was your mother when she died? Age during years
 INT: If age of the mother not known, then put in a note!

- C67. What was the cause of death?
 INT: Please, only one information!
- ☐ Accident
☐ Diabetes (diabetes mellitus)
☐ Cardiac infarction
☐ Stroke
☐ Cancer
 Which: _____
 Other: _____
☐ I do not know

MODULE MEMBER OF THE FAMILY

- FV. In which year was your father born? Year
 INT: Encode the year four-digit, e.g.,
 in 1914. If only age known, use table to
 convert the age in year of birth

- FM. In which year was your mother born? Year
 INT: Encode the year four-digit, e.g.,
 in 1914. If only age known, use table to
 convert the age in year of birth

- FGanz How many biological siblings and half
 brothers and sisters do you have,
 respectively? Please indicate
 only living brothers and sisters. Number

- FG1 1st sibling
 Is your 1st sibling a brother or a sister? ☐ Brother
☐ Sister
 In which year was he / she born? Year
 How many children does your brother or
 Sister have? Number

- FG2 2nd sibling
 Is your 2nd sibling a brother or a sister? ☐ Brother
☐ Sister
 In which year was he / she born? Year
 How many children does your brother or
 Sister have? Number

- FG3 3rd sibling
 Is your 3rd sibling a brother or a sister? ☐ Brother
☐ Sister

In which year was he / she born? Year
How many children does your brother or Sister have? Number

FG4 4th sibling
Is your 4th sibling a brother or a sister? ☐ Brother
☐ Sister
In which year was he / she born? Year
How many children does your brother or Sister have? Number

FG5 5th sibling
Is your 5th sibling a brother or a sister? ☐ Brother
☐ Sister
In which year was he / she born? Year
How many children does your brother or Sister have? Number

FG6 Other siblings: Please, quote further below.

FKanz How many biological children do you have? Number
INT: Only living children are meant.

FK1 1st child
Is your 1st child a son or a daughter? ☐ Son
☐ Daughter
In which year was he/she born? Year

FK2 2nd child
Is your 2nd child a son or a daughter? ☐ Son
☐ Daughter
In which year was he/she born? Year

FK3 3rd child
Is your 3rd child a son or a daughter? ☐ Son
☐ Daughter
In which year was he/she born? Year

FK4 4th child
Is your 4th child a son or a daughter? ☐ Son
☐ Daughter
In which year was he/she born? Year

FK5 5th child
Is your 5th child a son or a daughter? ☐ Son

In which year was he/she born? ☐ Daughter
Year

FK6 Other children: Please, complete the same information.

FG6 Other siblings: Please, complete the same information.

MODULE BLOOD PRESSURE MEASUREMENT

Now I would like to measure your blood pressure at first.

R1. Blood pressure measurement Investigator number

R2 Device number (Random-Zero)

R3 Arm circumference (cm) on 0.1 cm exactly , in cm

R4 Cuff size ☐ small
☐ large

R5 Have you drunken anything during the last three hours? ☐ Yes
☐ No

R6 1st measurement (mmHg) Time .
Hrs min.
Systolic/diastolic BP /
Resting pulse (1 / min.)

R7 Room temperature (°C) ,

R7B Pulse quality ☐ Regular
☐ Irregular

Special incidents interfering with the first measurement (e.g., measurement in left arm, disturbances)

R8 2nd measurement (mmHg) Time .
Hrs min.

Special incidents interfering with the second measurement

Systolic/diastolic BP /
 Resting pulse (1 / min.)

R9 3rd measurement (mmHg)

Time Hrs min.

Systolic/diastolic BP /
 Resting pulse (1 / min.)

Special incidents interfering with the third measurement

In the following questions we are interested in how strongly you are or were loaded by noise.

MODULE CORE 7: WOMEN'S HEALTH

The next questions are directed especially to women. These are questions on reproductive history and women's health e.g. on pregnancies, sexual hormone use etc..

INT: Men continue with question with the next module
 The questions C101-C133 are only for women

- C101 Are you pregnant at the moment? ☐ Yes
 INT: This question applies only to women ≤ 55 years. ☐ No.....go to...C103
☐ I don't know, possibly....go to....C103
- C102 In which week of the pregnancy are you? weeks.....go to....C104
- C103 Have you ever been pregnant? (including stillbirths and miscarriages!) ☐ Yes
☐ No
- C104 How many children have you given birth to, including stillborn children? Number of births
 INT: Definition stillbirth: Birth of a dead fetus If number of children=0.....go to...C109
 after a pregnancy of at least 28 weeks (or 7 months).
- C105 In which year was your first child born? in the year
 Think also of a stillborn child. If C104 = 1 (1 child born).....go to ... 107
- C106 In which year was of your last child born in the year
 Think also of a stillborn child?
- C107 How many of your children have you breastfed? Number children
 If none were breastfed, enter 0

.....go to .C109

- C108 How many months have you breastfed your children? (i.e. add up the lactation periods of all children) Number of months
- C109 Did you ever experience a miscarriage (deliberate or undeliberate) before the end of the 7th month? ☐ Yes
☐ No.....go to....C111
☐ I don't know.....go to....C111
- C110 How many miscarriages did you have all together? Number of miscarriages
- C111 How old were you at your first menstruation (menarche)? Age at menarche
If C101=1 (currently pregnant)
.....go to...C112
- C115 Do you currently take contraceptive pills? ☐ Yes
INT: This question refers only to the pill which is taken as a contraceptive, not to other hormone preparations for women. ☐ No.....go to...C112
- C114 How old were you when you started taking contraceptive pills? Age at that time
- C113 How many months or years have you taken contraceptive pills? Number of months
or
number of years
INT: Give only duration, when taking the pills!
Give information in months If C115=1(now taking the pill).C117
(only up to 12 months!) or years.
If > 1 year round up or down for whole years.
- C112 Have you ever taken contraceptive pills? ☐ Yes..... go to.....C114
.....C113
.....C116
☐ Nogo.to.....C117
If "no" and C101 = 1
(now pregnant)...go to.....C131
- C116 How old were you when you stopped taking contraceptive pills? Age at that time
If C101 = 1 (now pregnant)....go to .C131
- C117 Did you have a menstruation during the last 12 months? ☐ Yes
☐ No
- C118 How old were you when you had your last

menstruation? This question refers to the last menstruation before entering the menopause or before the beginning of sexual hormone use for menopausal symptoms.

Age at that time ...go to.....C127

C119 Have you ever taken any hormone replacement therapy?

☐ Yes
☐ No.....go to.....C118
☐ I don't know.....go to.....C118
 If C117 = 1 (monthly period within the last 12 months)..go to.....C127

C120 How old were you when you started with hormone replacement therapy?

Age at that time

C121 How many months or years have you taken these hormone preparations all together?
 INT: Add only the periods when taking hormones. Fill in only one information. months or years, round up or down for whole years.

Number of months
 or
 number of years
 If > 1 year,go to ...C118

C122 Do you take hormones replacement preparations at the moment (estrogens or gestagens, i.e. sexual hormone preparations especially for women except the birth-control pill, e.g., in the form of tablets, ointments, plasters or injections)?

☐ Yes.....go to... C120
C121
☐ No..... go toC119

C123 Do you still have regular menstrual bleedings?

☐ Yes go toC126
☐ Nogo to....C124
C125
C122

C124 How many menstruations did you have during the last 12 months?

Number

C125 When did you have your last menstruation?

.....go to...C122
 (Month / year)

C126 Which day has your last menstruation started?
 INT: Use calendar for help

. . . go to ...C122
 (Day / Month / Year)

C127 Did you have any of the following symptoms during the last year?
 Hot flushes

Yes No I don't know
☐ ☐ ☐

Depressive mood
Sleeping disturbances

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If C123 = 1 (still regular bleeding)

or

If C115 = 1 (now taking contraceptive pills)

or

If C101 = 1 (currently pregnant)

..... go to...C131

C129 Have you had a hysterectomy?

☐ Yes

☐ No..... go to...C131

C130 In which year has the surgery been carried out?

in the year

C131 Have you already had a surgical intervention at your ovaries?

☐ Yes

☐ No..... go to next module

C132 Have one or both ovaries been removed?

☐ Yes, one

☐ Yes, both

☐ None

C133 In which year has the intervention been carried out? In the year