

Questionnaire 1 part 2

For participants 18-65 year

LifeLines

Questions about birth and development

11. What was your birth weight?

- ☐ Exactly ____ gram
☐ Approximately ____ gram
☐ I do not know

12. What was your birth length?

☐ Exactly ____ cm

(round off to whole centimetres)
____ cm

☐ Approximately

☐ I do not know

13. How many weeks was your mother
pregnant when you were born (a normal
weeks
pregnancy is 40 weeks)?

☐ Exactly ____ weeks

☐ Approximately ____

☐ I do not know

14. How were you born?

☐ Normal vaginal birth

☐ Vaginal birth with use of forceps

or

vacuum pump

☐ Caesarean section

☐ I do not know

15. How long did you have breast feeding
as a baby?
know how long

☐ I was not breast fed

☐ I was breast fed but I don't

☐ 0-2 weeks

☐ 2-4 weeks

☐ 1-3 months

☐ 3-6 months

☐ longer than 6 months

☐ I don't know if I was breast fed

16. At the birth had you one or more congenital defects?

☐ Yes, please

indicate_____

☐ No

☐ I do not know

Questions about your Life style

Smoking

1. Do you now smoke, as of one month ago? (If no, go to question 3)

0 Yes 0 No

2. How much do you now smoke on average (number)?

Number of cigarettes/home rolled cigarettes per day _____

Number of cigarillos per day _____

Number of cigars per day _____

Pipe tobacco in grams per day _____

3. Have you ever smoked for as long as a year? (If no, go to question 9)

0 Yes 0 No

4 How old were you when you started smoking?

_____ year

5. Have you stopped smoking? (If no, go to question 7)

0

Yes 0 No

6. How old were you when you stopped smoking?

_____ year

7. How much have you smoked in your life until now?

(e.g. If you have smoked 10 cigarettes a day from when you were 16 until you were 20, and then 5 cigars a day from

when you were 20 to 35, then fill in the tables as follows-

Sta rt Age	End Age	Numb er a day	Kind of smokers' requisites		
16	20	10	0 cigarettes/home rolled cigarettes 0 grams of pipe tobacco	0 cigarillos	0 cigars
20	33	5	0 cigarettes/home rolled cigarettes 0 grams of pipe tobacco	0 cigarillos	0 cigars
			0 cigarettes/home rolled cigarettes 0 grams of pipe tobacco	0 cigarillos	0 cigars
			0 cigarettes/home rolled cigarettes 0 grams of pipe tobacco	0 cigarillos	0 cigars
			0 cigarettes/home rolled cigarettes 0 grams of pipe tobacco	0 cigarillos	0 cigars
			0 cigarettes/home rolled cigarettes 0 grams of pipe tobacco	0 cigarillos	0 cigars
			0 cigarettes/home rolled cigarettes 0 grams of pipe tobacco	0 cigarillos	0 cigars

8. Do you or did you inhale the smoke?

Yes 0 No

0

Passive smoking as an adult

9. Not counting yourself, how many people in your household smoke

_____ number
regularly?

10. Do people smoke regularly in the room where you work?

0 Yes

0 No

0 Not applicable, I do not have a

job

11. How many hours per day are you exposed to ***other people's***
tobacco smoke?

_____ hours

Passive smoking as a child

12. Did your father ever regularly smoke when you were a child?

0 Yes 0 No

If yes, how many cigarettes, home rolled cigarettes, cigarillos, cigars
or grams of pipe tobacco a day? (you may make a total of everything)

_____ a day

13. Did your mother ever regularly smoke when you were a child?

0 Yes 0 No

If yes, how many cigarettes, home rolled cigarettes, cigarillos
cigars or grams of pipe tobacco a day?
(you may make a total of everything)

_____ a day

14. Did your mother smoke when she was pregnant with you?

0 No, my mother has never smoked

0 No, my mother started smoking after the pregnancy

0 No, my mother stopped smoking before the pregnancy

0 Yes, but my mother stopped or smoked less during the pregnancy

0 Yes, my mother smoked as normal during the pregnancy

0 I do not know

If yes, how many cigarettes, home rolled cigarettes,
cigarillos, cigars or grams of pipe tobacco

_____ a day

did your mother smoke on average during the pregnancy?

Diet: No translation available (yet).

Physical activity (Squash)_

Think about an average week in the past months. Please indicate **how many days per week** you performed the following activities, how much time **on average** you were engaged in this, and (if applicable) how strenuous this activity was for you?

COMMUTING ACTIVITIES (round trip)

	days per week	average time per day	Effort (circle please)
1. Walking to/from work or school	____ days	___ hour ____	slow/moderate/fast
2. Bicycling to/from work or school	____ days	minutes ___ hour ____ minutes	slow/moderate/fast

ACTIVITY AT WORK AND SCHOOL

	days per week	average time per day
3. Light work (sitting/standing with some walking, e.g., a desk job or walking with light charges)	____ days	___ hour ____ minutes
4. Intense work (walking work with regularly lifting heavy object at work)	____ days	___ hour ____ minutes

HOUSEHOLD ACTIVITIES

	days per week	average time per day
5. Light household work (standing work like cooking, washing dishes, ironing, child care, walking work like vacuum cleaning and shopping bags)	____ days	___ hour ____ minutes
6. Intense household work (scrubbing floor, flattening carpet, walking with heavy shopping bags)	____ days	___ hour ____ minutes

LEISURE TIME ACTIVITIES

	days per week	average time per day	Effort (please circle)
7. Walking	____ days	___ hour ____	slow/moderate/fast
8. Bicycling	____ days	minutes	slow/moderate/fast
9. Gardening	____ days	___ hour ____	light/moderate/intens

10. Odd jobs _____ days _____ minutes _____ e
 _____ hour _____ light/moderate/intens
 _____ minutes _____ e
 _____ hour _____
 _____ minutes

11. Sports (please write down yourself)
e.g. tennis, fitness, skating, swimming, dancing

1. _____ days _____ hour _____ light/moderate/intens
 2. _____ days _____ minutes _____ e
 3. _____ days _____ hour _____ light/moderate/intens
 4. _____ days _____ minutes _____ e
 _____ hour _____ light/moderate/intens
 _____ minutes _____ e
 _____ hour _____ light/moderate/intens
 _____ minute _____ e

TOTAL

12. On average, how many days a week do you cycle, do odd jobs, _____ days a week
 do gardening or do sports for at least half an hour (count up all)?

SOCIAL ENVIRONMENT (Question 3 is based on the SSL)

1. In the last year, in which of the following societies did you participate?

- 0 Sport club
- 0 Neighbourhood or hobby club
- 0 Political party
- 0 Patient association
- 0 Church or other religious organisation
- 0 Other organisations

2. This question is about how many different people with whom you regularly have contact, such as family, friends, colleagues and neighbours. With contact we mean that you talk about personal things with someone (also on the telephone) or that you exchange emails. How many different people have you had contact with in the last two weeks?

_____ (fill in a number)

3. The next section is about how you feel. These questions refer to the last 12 months.

	Never	Someti mes	Often	Always
Do people pay attention to you?	0	0	0	0
Do people help you if you have a problem?	0	0	0	0
Do you feel that people really love you?	0	0	0	0
There are situations in which we deal with groups of people, for example at home, at work or during our leisure time. Do others appreciate your role in the group?	0	0	0	0
At school, work, with family or at the church do you feel that you fit in or are a part of things	0	0	0	0
Do others appreciate the things that you do?	0	0	0	0
Do people think you do better than others?	0	0	0	0
Do people find you an influential person?	0	0	0	0
Are you known for the things you have accomplished?	0	0	0	0

Questions about your environment

- What sort of floor covering do you have in your living room?
 - ☐ Smooth (vinyl/lino/tiles/hardwood/laminate/etc)
 - ☐ Fitted carpets (synthetic/wool/etc)
 - ☐ Smooth with loose rugs
- What sort of floor covering do you have in your bedroom?
 - ☐ Smooth (vinyl/lino/tiles/hardwood/laminate/etc)
 - ☐ Fitted carpets (synthetic/wool/etc)
 - ☐ Smooth with loose rugs
- How is your living room heated? (*more than one answer is possible*)
 - ☐ Central heating (including floor-/warm air heating)
 - ☐ Electric fire
 - ☐ Gas fire
 - ☐ Wood fire
 - ☐ Open fire

4. If you have an open fire, how often do you use this in winter?

- ☐ I do not have an open fire
- ☐ Almost daily
- ☐ At least 3 times a week
- ☐ At least once a week
- ☐ Once every 2 weeks
- ☐ Once a month
- ☐ Less than once a month
- ☐ Almost never

Pet animals now

- | | |
|------------------------------|---------|
| 5. Do you keep a cat? | 0 Yes 0 |
| No | |
| 6. Do you keep a dog? | 0 Yes 0 |
| No | |
| 7. Do you keep any birds? | 0 Yes 0 |
| No | |
| 8. Do you keep a guinea-pig? | 0 Yes 0 |
| No | |

Pet animals as a child

- | | | |
|--|----------------------------------|---------|
| 9. Was there a cat in your home? | During your first year of life | |
| <input type="radio"/> Yes <input type="radio"/> No | | |
| No | When you were aged 1 to 4 years | 0 Yes 0 |
| No | When you were aged 5 to 15 years | 0 Yes 0 |
| 10. Was there a dog in your home? | During your first year of life | 0 |
| Yes <input type="radio"/> No <input type="radio"/> | | |
| No | When you were aged 1 to 4 years | 0 Yes 0 |
| No | When you were aged 5 to 15 years | 0 Yes 0 |
| 11. Was there a bird in your home? | During your first year of life | 0 |
| Yes <input type="radio"/> No <input type="radio"/> | | |
| No | When you were aged 1 to 4 years | 0 Yes 0 |
| No | When you were aged 5 to 15 years | 0 Yes 0 |
| 12. Was there a guinea-pig in your home? | During your first year of life | 0 |
| Yes <input type="radio"/> No <input type="radio"/> | | |
| No | When you were aged 1 to 4 years | 0 Yes 0 |
| No | When you were aged 5 to 15 years | 0 Yes 0 |

Living environment as a child

13. What term best describes the place you lived most of the time when you were under the age of five years?

- ☐ farm
- ☐ village in a rural area
- ☐ small town
- ☐ suburb of a city
- ☐ inner city
- ☐ other situation: _____

Questions about your well-being (PANAS)

Listed below are a number of words which describe feelings of people. We would like to know how you felt in the last four weeks. Please indicate for each feeling how many times you felt that way in the previous month: not at all, a little, now and then, often or extremely.

Fill in the circle on every row that applies to you	Not at all	A little	Moderately	Quite a bit	Extremely
1. Interested	0	0	0	0	0
2. Upset	0	0	0	0	0
3. Excited	0	0	0	0	0
4. Distressed	0	0	0	0	0
5. Strong	0	0	0	0	0
6. Guilty	0	0	0	0	0
7. Afraid	0	0	0	0	0
8. Hostile	0	0	0	0	0
9. Enthusiastic	0	0	0	0	0
10. Proud	0	0	0	0	0
11. Irritable	0	0	0	0	0
12. Alert	0	0	0	0	0
13. Ashamed	0	0	0	0	0
14. Inspired	0	0	0	0	0
15. Nervous	0	0	0	0	0
16. Determined	0	0	0	0	0

17. Attentive	0	0	0	0	0
18. Jittery	0	0	0	0	0
19. Active	0	0	0	0	0
20. Scared	0	0	0	0	0

Personality: 64 items from the NEO-PI (no translation due to copyright policy).

Questions about stress in your life (Brugha)

1. In the next questionnaire 13 unpleasant events are listed. Please indicate if you have experienced these events in the last 12 months.

1	You yourself suffered a serious illness, injury or an assault	0 Yes	0 No
2	A serious illness, injury or assault happened to a close relative	0 Yes	0 No
3	Your parent, child or spouse died	0 Yes	0 No
4	A close family friend or another relative (aunt, cousin, grandpa) died	0 Yes	0 No
5	You had a separation due to marital difficulties	0 Yes	0 No
6	You broke off a steady relationship	0 Yes	0 No
7	You had a serious problem with a close friend, neighbour or relative	0 Yes	0 No
8	You became unemployed or you were seeking work unsuccessfully for more than one month	0 Yes	0 No
9	You were sacked from your job	0 Yes	0 No
10	You had a major financial crisis	0 Yes	0 No
11	You had problems with the police and a court appearance	0 Yes	0 No

1 2	Something you valued was lost or stolen	0 Yes	0 No
1 3	Did you experience any other major severe negative events? If yes, briefly describe what happened?		

GLLM

Listed below are a number of life's aspects. We would like to know how you experience these aspects in respect to difficulty and stress in the last 12 months. Fill the circle in on every row which corresponds to how you felt: not stressful, slightly or very stressful.

		Not stressful	Slightly	Very stressful
A	Housing (e.g. house is too small, could not find a house, noise problems)	0	0	0
B	Work front (e.g. too exacting, conflicts with boss, (threatening) resigned or sacked)	0	0	0
C	Relationship with friends or good acquaintances (e.g. arguments, not enough support)	0	0	0
D	Relationship with partner (e.g. jealousy, conflicts, doubts about relationship, arguments)	0	0	0
E	Relationship with your children (e.g., frequent conflicts, not showing enough respect)	0	0	0
F	Relationship with parents (e.g. regular conflicts, little or no acceptance)	0	0	0
G	Relationship with other family members (e.g. regular conflicts, little or no acceptance)	0	0	0
H	Free time (e.g. not enough, too much free time)	0	0	0
I	I. Financial (e.g. large debts, inadequate income)	0	0	0
J	Your health (e.g. regularly ill, chronically ill)	0	0	0
K	School/study (e.g. too difficult, not possible to combine with other tasks)	0	0	0
L	Faith, church or religion (e.g. doubt, conflict with clergyman/pastor)	0	0	0

Questions about the questionnaire

1. How much time did it take you to fill in this questionnaire? _____hours and _____minutes

2a. Did you find it difficult to fill in this questionnaire?

- ☐ Yes, most or all of the questions or sections were difficult to fill in.
- ☐ Somewhat, a reasonable number of the questions or sections were difficult to fill in.
- ☐ A bit, some (or you could say here -one or two)
- ☐ No, the questionnaire was easy to fill in.

Which questions or sections did you find the most difficult or unclear?

Page	Question number	Please give an explanation