

A

Do you have, or have you had:

Yes No

- A heart attack? 33
- Angina pectoris (heart cramp)? 34
- Any other heart disease? 35
- Hardened arteries in the legs? 36
- A cerebral stroke? 37
- Diabetes? 38
- Are you being treated for:
- High blood pressure? 39
- Do you use:
- Nitroglycerine? 40

B

Do you have get or discomfort in the chest when:

Yes No

- Walking up hills or stairs, or walking fast on level ground? 41
- Walking at normal pace at level ground? 42
- If you get pain or discomfort in the chest when walking, do you usually:
- 1 Stop? 43
- 2 Slow down? 44
- 3 Carry on at the same pace? 45
- If you stop or slow down, does the pain disappear:
- 1 Within 10 minutes? 46
- 2 After more than 10 minutes? 47
- Do you get pain in the calf while:
- Walking? 48
- Resting? 49
- If you get pain in the calf, then:
- Does the pain increase when you walk faster or uphill? 50
- Does the pain disappear when you stop? 51
- Do you usually have:
- Cough in the morning? 52
- Phlegm chest in the morning? 53

C

Exercise and physical exertion in leisure time.
If your activity varies much, for example between summer and winter, then give an average.
The question refers only to the last twelve months:

Yes

Tick "Yes" beside the description that fits best:

- 1 Reading, watching TV, or other sedentary Activity? 54
- 2 Walking, cycling, or other forms of exercise at least 4 hours a week? 55
(include walking or cycling to place of work, Sunday walk/stroll, etc.)
- 3 Participation in recreational sports, heavy gardening, etc.? 56
(note: duration of activity at least 4 hours a week)
- 4 Participation in hard training or sports competitions, regularly several times a week? 57

D

- Do you smoke daily at present? 52
- If the answer was "Yes" in the previous question, then:
- Do you smoke cigarettes daily? 53
(hand-rolled or factory made)
- If you do not smoke cigarettes at present, then:
- Have you previously smoked cigarettes daily? 54
- If "Yes", how long is it since you stopped:
- 1 Less than 3 months? 55
- 2 3 months to 1 year? 56
- 3 1 to 5 years? 57
- 4 More than 5 years? 58
- For those who smoke or have smoked previously:
- How many years altogether have you smoked daily? 59-60
- How many cigarettes do you smoke, or did you, smoke daily? Give number of cigarettes per day (hand-rolled or factory made) 61
- Do you smoke tobacco products other than cigarettes daily?
- Cigars or cigarillos? 62
- A pipe? 63
- If you smoke a pipe, how many packs of tobacco (50 grams) do you smoke per week? 64
- Give the average number of packs per week. No. of tobacco packs

Yes No

No. of years

No. of cigarettes

No. of tobacco packs

E

- Do you usually work shifts or at nights? 65
- Can you usually come home from work:
- Every day? 66
- Every weekend? 67
- Are there periods during which your working days are longer than usual? 68
(e.g. fishing season, harvest)
- During the last year, have you had:
- Tick "Yes" beside description that fits best
- 1 Mostly sedentary work? 69
(e.g. office work, watchmaker, light manual work)
- 2 Work that requires a lot of walking 70
(e.g. shop assistant, light industrial work, teaching)
- 3 Work that requires a lot of walking and lifting? 71
(e.g. postman, heavy industrial work, construction)
- 4 Heavy manual labour? 72
(e.g. forestry, heavy farm-work, heavy construction)

Yes No

- During the last 12 months, have you had to move for work reasons? 73
- Is housekeeping your main occupation? 74
- Have you within the last 12 months received unemployment benefit? 75
- Are you at present on sick leave, or receiving rehabilitation allowance? 76
- Do you receive a complete or partial disability pension? 77

F

- Have one or more of your parents or sisters or brothers had a heart attack (heart wound) or angina pectoris (heart cramp)? 78
- Are two or more of your grandparents of Finnish origin? 79
- Are two or more of your grandparents of Sami origin? 80

Yes No Don't know