THE TROMSØ HEALTH SURVEY

(Applies only to the person to whom the letter is addressed.)

The health survey is coming now to your district.

You find the time and place for attendance below.

You will find an orientation on the survey in the enclosed brochure.

We would like you to fill in the form on the back and take it with you to the survey.

We ask those possibly not attending to report their absence in the attached absence report.

Yours sincerely

MUNICIPAL HEALTH AUTHORITY OF TROMSØ
COUNTY DOCTOR OF TROMS UNIVERSITY OF TROMSØ
NATIONAL HEALTH SCREENING SERVICE

Birth date | Personal number | Municipality | Circuit number

Meeting place | Gender | First letter of last name | Day and date | Time

HEIGHT ⌊⌊⌊ WEIGHT ⌊⌊⌊⌊ ANM 70 ⌊	M ⌊ P ⌊ Ø ⌊ KODE 75 ⌊⌊	AVVIK ⌊ ARM ⌊⌊ MAN ⌊ APP.NR. ⌊⌊⌊ TSM 82 ⌊
MEASUREMENT 1	**MEASUREMENT 2**	**MEASUREMENT 3**
MAR ⌊⌊⌊ 85 S ⌊⌊⌊ 88	MAR ⌊⌊⌊ 91 S ⌊⌊⌊ 94	MAR ⌊⌊⌊ 97 S ⌊⌊⌊ 100
HR ⌊⌊⌊ 103 D ⌊⌊⌊ 106	HR ⌊⌊⌊ 109 D ⌊⌊⌊ 112	HR ⌊⌊⌊ 115 D ⌊⌊⌊ 118

A FAMILY

Have one or more of your parents or siblings had a heart attack (heart wound) or angina pectoris (heart cramp)? 12

Yes | No | Don't know

B OWN ILLNESSES

Do you have, or have you had:

A heart attack? 13
Angina pectoris (heart cramp)? 14
A cerebral stroke? 15
Diabetes? 16

Yes | No

Are you being treated for:

High blood pressure? 17

Do you use:

Nitroglycerine? 18

C SYMPTOMS

Do you get pain or discomfort in the chest when:

Walking up hills or stairs, or walking fast on level ground? 19
Walking at normal pace at level ground? 20

Yes | No

If you get pain or discomfort in the chest when walking, do you usually:

Stop? 21
Slow down? .....
Carry on at the same pace? .....

1 2 3

If you stop or slow down, does the pain disappear:

After less than 10 minutes? 22
After more than 10 minutes? .....

1 2

Do you usually have:

Cough in the morning? 23
Phlegm chest in the morning? 24

Yes | No

D EXERCISE

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 year:

Tick the most appropriate box.

Reading, watching TV, or other sedentary activity? 25

1

Walking, cycling or other forms of exercise at least 4 hours a week? .....
(include walking or cycling to work, Sunday walk/stroll, etc.)

2

Participation in recreational sports, heavy gardening, etc.? .....
(note: duration of activity at least 4 hours a week)

3

Participation in hard training or sports competitions, regularly several times a week? ...

4

E SALT/ FAT

How often do you use salted meat or salted fish for dinner?

Tick the most appropriate box.

Never or less than once a month 26
Once a week or less .....
Twice a week or less .....
More than twice a week.....

1 2 3 4

How often do you add extra salt to your dinner?

Tick the most appropriate box.

Rarely or never 27
Sometimes or often .....
Always or nearly always .....

1 2 3

What type of margarine or butter do you usually use on your bread?

Tick the most appropriate box.

Do not use margarine or butter on bread 28
Butter .....
Hard Margarine .....
Soft (soya) margarine spread.....
Butter/ margarine mixtures .....

1 2 3 4 5

What type of cooking fat do you normally use in your household?

Tick the most appropriate box.

Butter or hard margarine 29
Soft (soya) margarine or oil .....
Butter/ margarine mixtures .....

1 2 3

F SMOKING

Do you smoke daily at present? 30

Yes | No

If the answer is "YES", then:

Do you smoke cigarettes daily? 31
(hand-rolled or factory made)

If you do not smoke cigarettes at present, then:

Have you previously smoked cigarettes daily? ... 32

If you answered "Yes", how long is it since you stopped:

Less than 3 months? 33
3 months to 1 year? .....
1 -5 years? .....
More than 5 years? .....

1 2 3 4

To be answered by those who smoke or who have smoked previously:

How many years altogether have you smoked daily? 34

Year

How many cigarettes do you smoke or did you smoke daily? .....
Give number of cigarettes per day 36
(hand-rolled + factory made)

Cigarettes

Do you smoke anything else other than cigarettes daily?

Cigars or cigarillos/cheroots? 40
A pipe? 41

If you smoke a pipe, how many packs of tobacco (50 grams) do you smoke per week?

Give the average number of packs per week 42

Tobacco packets

G COFFEE

How many cups of coffee do you usually drink daily?

Tick the most appropriate box.

Do not drink coffee, or less than one cup 45
1 -4 cups .....
5 -8 cups .....
9 or more cups .....

1 2 3 4

What type of coffee do you usually drink daily?

Coarsely ground coffee for brewing (boiled) 46
Finely ground filter coffee 47
Instant coffee 48
Caffeine free coffee 49
Do not drink coffee 50

H EMPLOYMENT

Have you within the last 12 months received unemployment benefit? 51

Yes | No

Are you at present on sick leave, or receiving rehabilitation benefit? 52

Do you receive a complete or partial disability pension? 53

Do you usually work shifts or at night? 54

During the last year, have you had:

Tick the most appropriate box.

Mostly sedentary work? 55
(e.g. office work, watchmaker, light manual work)

1

Work that requires a lot of walking? .....
(e.g. shop assistant, light industrial work, teaching)

2

Work that requires a lot of walking and lifting? ...
(e.g. postman, heavy industrial work, construction)

3

Heavy manual labour? .....
(e.g. forestry, heavy farm-work, heavy construction)

4

Yes | No

Is house-keeping your main occupation? ... 56

I FOLLOW-UP EXAMINATION

Has any one in your household (other than yourself) been called in to a doctor for further medical examination after the previous cardiovascular disease survey? 57

If this survey suggests that you need a further medical examination, which general practitioner do you wish to be referred to?

Write the doctor's name here? →

..... 58

No particular doctor 61

Don't write here