

HEALTH SURVEY

Invitation

**“THIS IS YOUR
CHANCE”**



Date of birth

Social security No.

Municipality

Electoral ward No.

Welcome to the Tromsø Health Survey!

The Health Survey is coming to Tromsø. This leaflet will tell you when and where. You will also find information about the survey in the enclosed brochure.

We would like you to fill in the form overleaf and take it with you to the examination.

The more people take part in the survey, the more valuable its results will be. We hope, therefore, that

you will be able to come. Attend even if you feel healthy, if you are currently receiving medical treatment, or if you have had your cholesterol and blood pressure measured recently.

Yours sincerely,
Municipal Health Authorities
Faculty of Medicine - University of Tromsø
National Health Screening Service

*“THIS IS A REAL
OPPORTUNITY- TAKE IT!”*



YOUR OWN HEALTH

What is your current state of health? *Tick one box only.*

- Poor 12 1
 Not so good 2
 Good 3
 Very good 4

Do you have, or have you had:

	Yes	No	Age first time
A heart attack..... 13			years
Angina pectoris (heart cramp) 16			years
A cerebral stroke/ brain haemorrhage 19			years
Asthma 22			years
Diabetes 25			years

Do you use blood pressure lowering drugs?

- Currently 28 1
 Previously, but not now 2
 Never used 3

Have you during the last year suffered from pains and/or stiffness in muscles and joints that have lasted continuously for at least 3 months? 29

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Have you in the last two weeks felt:

	No	A little	A lot	Very much
Nervous or worried? 30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anxious?..... 31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Confident and calm? 32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Irritable? 33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Happy and optimistic? 34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Down/depressed? 35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lonely? 36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4

SMOKING

Did any of the adults at home smoke while you were growing up? 37

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Do you currently, or did you previously, live together with daily smokers after your 20th birthday? 38

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

If "YES", for how many years in all? 39

Years
<input type="text"/>

How many hours a day do you normally spend in smoke-filled rooms? 41

Hours
<input type="text"/>

Put 0 if you do not spend time in smoke-filled rooms.

Do you yourself smoke:

- Cigarettes daily? 43 Yes No
 Cigars/ cigarillos daily? 44 Yes No
 A pipe daily? 45 Yes No

If you previously smoked daily, how long is it since you quit?..... 46

Years
<input type="text"/>

If you currently smoke, or have smoked previously:

How many cigarettes do you or did you usually smoke per day? 48

cigarettes
<input type="text"/>

How old were you when you began daily smoking?..... 52

Age
<input type="text"/> years

How many years in all have you smoked daily? 54

Years
<input type="text"/>

EXERCISE

How has your physical activity in leisure time been during this last year? *Think of your weekly average for the year.*

Time spent going to work counts as leisure time.

	Hours per week			
	None	Less than 1	1-2	3 or more
Light activity (<i>not sweating/out of breath</i>) 56	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hard activity (<i>sweating/out of breath</i>) 57	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4

COFFEE

How many cups of coffee do you drink daily?

Put 0 if you do not drink coffee daily.

- Coarsely ground coffee for brewing 58 Cups
 Other coffee 60 Cups

ALCOHOL

Are you a teetotaler? 62 Yes No

How many times a month do you normally drink alcohol? *Do not count low-alcohol beer.*

Put 0 if less than once a month. 63 Times

How many glasses of beer, wine or spirits do you normally drink in a fortnight? 65

	Beer	Wine	Spirits
<i>Do not count low-alcohol beer.</i>	<input type="text"/> Glasses	<input type="text"/> Glasses	<input type="text"/> Glasses
<i>Put 0 if less than once a month.</i>			

FAT

What type of margarine or butter do you usually use on bread? *Tick one box only.*

- Don't use butter/margarine 71 1
 Butter 2
 Hard margarine 3
 Soft margarine 4
 Butter/margarine mixtures 5
 Light margarine 6

EDUCATION/WORK

What is the highest level of education you have completed?

- 7-10 years primary/secondary school, modern secondary school 72 1
 Technical school, middle school, vocational school, 1-2 years senior high school 2
 High school diploma (3-4 years)..... 3
 College/university, less than 4 years ... 4
 College/university, 4 or more years 5

What is your current work situation?

- Paid work 73
 Full-time housework 74
 Education, military service..... 75
 Unemployed, on leave without payment..... 76

How many hours of paid work do you have per week? 77 No. of hours

Do you receive any of the following benefits?

- Sickness benefit (sick leave) 79
 Rehabilitation benefit 80
 Disability pension 81
 Old-age pension 82
 Social welfare benefit 83
 Unemployment benefit 84

ILLNESS IN THE FAMILY

Have one or more of your parents or siblings had a heart attack or had angina (heart cramp)? 85

Yes	No	Don't know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>