

Health and lifestyle survey

We kindly request that you fill in the form as thoroughly and accurately as possible, and bring it with you to your scheduled physical examination. The form will be optically scanned. Please use blue or black ink. Use capital letters. Do not use decimals; for example, "0.5" should be rounded off to "1".

1. What is the year of your birth? Year: _____

2. What is your gender? Female Male

3. What is your marital status?

Married Cohabiting Divorced Unmarried Widow/widower

4. How many persons make up your household? Number of persons: _____

5. How many years of education have you completed? (Include any and all years in which you attended school or studied.). Number of years: _____

6. What is your family's/household's gross annual income?

- Less than NOK 150,000 NOK 150,000 - 300,000
 NOK 301,000 - 450,000 NOK 451,000 - 600,000
 NOK 601,000 - 750,000 NOK 751,000 - 900,000
 NOK 900,000 or more

Cardiovascular disease

7. Are you taking high blood pressure medication? Yes, currently In the past, but not currently No

8. If you are taking high blood pressure medication, or have taken high blood pressure medication in the past, at what age did you start taking such medication? Age: _____

9. Have you had one or more heart attacks?

No, never One heart attack Two heart attacks Three or more heart attacks

10. If yes, at what age did you have your first heart attack? Age: _____

11. Do you suffer from angina pectoris (chest pain)? Yes No

12. If yes, at what age did your symptoms of angina pectoris first emerge? Age: _____

13. If yes, how often have you experienced chest pain in the past month?

Rarely Once a week 2-3 times a week 4-6 times a week 7 times a week or more

14. Have you had heart (bypass) surgery? Yes No

15. Have you had your arteries unblocked/had stent(s) placed? Yes No

16. Has your doctor told you that you have atrial fibrillation? Yes No

Physical activity

17. Please indicate your levels of physical activity at the ages of 14, 30 and at your current age, on a scale from 1 to 10. 'Physical activity' includes household chores and professional activities as well as regular exercise and other physical activity, such as walking/hiking. Please mark (with an "X") below the number that most accurately denotes your physical activity levels.

	Very low									Very high
Age	1	2	3	4	5	6	7	8	9	10
14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Current age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Diabetes

18. Have you ever been diagnosed with diabetes (elevated blood sugar levels)? Yes No
If no, please skip to question 28 regarding eating habits.

19. If yes, please specify your diabetes diagnosis: (chose one or more options.)

- Gestational diabetes
- Type 1 diabetes
- Type 2 diabetes

20. How was your diabetes discovered?

I consulted my doctor/physician because of symptoms Yes No

It was discovered without the appearance of symptoms (medical report/statement, work-related medical examination, pregnancy health examination, medical consultation for illness other than diabetes, etc.) Yes No

21. At what age was your diabetes discovered/diagnosed? Age: _____

INSULIN

22. Are you taking insulin for your diabetes? Yes, currently In the past, but not currently Never

If you are taking (or have taken) insulin:

23. At what age did you start your insulin treatment? Age: _____

24. How many times per day are you taking (or did you take) insulin? Number of times: _____

25. How many units of insulin are you taking (or did you take) on an average day? Units (E): _____

ORAL MEDICATION

26. Are you taking oral medication for diabetes? Yes, currently In the past, but not currently Never

If you are taking or have taken oral medication:

27. At what age did you start taking oral medication for diabetes? Age: _____

YOGHURT/CEREAL

48. How often do you eat yoghurt (1 tub)? (Choose only one option.)

- Never/rarely 1-3 per week 4-6 per week 1 or more per day

49. How often do you eat (breakfast) cereal, oats/oatmeal or muesli? (Choose only one option.)

- Never/rarely 1-3 per week 4-6 per week 1 or more per day

50. How many slices of bread (or equivalent; bread rolls, buns, crispbread, rye bread) do you normally eat? (1/2 bread roll = 1 slice of bread) (Choose only one option for each variety listed.)

	Never/ rarely	1 to 4 per week	5 to 7 per week	2 or 3 per day	4 or 5 per day	6 or more per day
Whole grain bread	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Semi-whole grain bread	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
White bread (baguette)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crispbread, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The following questions are in regards to various sandwich spreads/fillings. For each of the following sandwich spreads, we would like to know how many slices of bread/crispbread you normally eat with these spreads/fillings. If you regularly eat the given sandwich spreads with items other than bread (i.e., waffles, breakfast cereal, porridge) please include such use when answering the questions.

51. Please indicate how many slices of bread/crispbread you normally eat with the following sandwich spreads:

	Never/ rarely	1 to 3 per week	4 to 6 per week	1 per day	2 or 3 per day	6 or more per day
Jam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brown cheese (charamelised whey cheese) (full fat)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brown cheese (charamelised whey cheese) (reduced fat)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cheese (full fat)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cheese (reduced fat)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mayonnaise based salads, like prawn salad, italian salad, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liver pâté	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preserved meats, low fat content (boiled ham, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preserved meats, high fat content (salami, cured mutton, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

52. Please indicate how many slices of bread/crispbread you have eaten on average per week in the past year with: (Choose one option for each variety.)

	Never/ rarely	1 per week	2 or 3 per week	4 to 6 per week	7 or 9 per week	10 or more per week
Mackerel in tomato sauce; smoked mackerel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caviar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Herring/anchovies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Salmon (gravlax/smoked)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other types of fish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

53. If you use butter/margarine on your sandwich/bread, how thick a layer do you normally spread onto it? (A single portion packet weighs 12 grams.) (Choose only one option.)

- Extra thin layer (3 grams) Thin layer (5 grams)
 Thick layer (8 grams) Extra thick layer (12 grams)

54. What type of butter/margarine do you normally put on your bread? (You may choose several options.)

- I do not use butter/margarine on bread
- Butter
- Hard margarine (e.g. *Melange*)
- Soft margarine (e.g. *Soft, Vita*)
- Butter and margarine blends (e.g. *Bremykt*)
- Brelett* (fat reduced butter and margarine blend)
- Reduced fat margarine (e.g. *Soft light, Vita Lett*)
- Olive oil margarine (e.g. *Brelett oliven, Soft oliven*)

FRUITS AND VEGETABLES

55. How often do you eat fruit? (Choose only one option for each fruit type.)

	Never/ rarely	1 to 3 per month	1 per week	2 to 4 per week	5 or 6 per week	1 per day	2 or more per day
Apple/pear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Orange/citrus fruit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Banana	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other fruit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

56. How often do you eat potatoes? (Choose only one option for each variety.)

	1 to 4 times per month	2 to 4 times per week	5 to 6 times per week	Once daily	Twice daily
Boiled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mashed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pan-fried/fried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

57. How often do you eat the following types of vegetables? (Choose only one option for each vegetable type.)

	Never/ rarely	1 to 3 per month	1 per week	2 per week	3 per week	4 to 5 per week	6-7 per week
Carrot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cabbage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Swede	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Broccoli/cauliflower	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mixed salad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tomato	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mixed vegetables (frozen)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Onion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Beans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

58. For the following vegetables in your diet, please indicate how much you typically eat each time.
(Choose only one option for each vegetable type.)

Carrot	<input type="checkbox"/> 1/2 a carrot	<input type="checkbox"/> 1 carrot	<input type="checkbox"/> 1 1/2 carrot	<input type="checkbox"/> 2 or more carrots
Potato	<input type="checkbox"/> 1-2 potatoes	<input type="checkbox"/> 2 potatoes	<input type="checkbox"/> 5-6 potatoes	<input type="checkbox"/> 7 or more potatoes
Cabbage	<input type="checkbox"/> 1/2 dl	<input type="checkbox"/> 1 dl	<input type="checkbox"/> 1 1/2 dl	<input type="checkbox"/> 2 or more dl
Swede	<input type="checkbox"/> 1/2 dl	<input type="checkbox"/> 1 dl	<input type="checkbox"/> 1 1/2 dl	<input type="checkbox"/> 2 or more dl
Broccoli/cauliflower	<input type="checkbox"/> 1-2 pieces/ bouquets	<input type="checkbox"/> 3-4 pieces/ bouquets	<input type="checkbox"/> 5 or more pieces/ bouquets	
Mixed salad	<input type="checkbox"/> 1 dl	<input type="checkbox"/> 2 dl	<input type="checkbox"/> 3 dl	<input type="checkbox"/> 4 or more dl
Tomato	<input type="checkbox"/> 1/4 of a tomato	<input type="checkbox"/> 1/2 a tomato	<input type="checkbox"/> 1 tomato	<input type="checkbox"/> 2 or more tomatoes
Mixed vegetables (frozen)	<input type="checkbox"/> 1/2 dl	<input type="checkbox"/> 1 dl	<input type="checkbox"/> 2 dl	<input type="checkbox"/> 3 or more dl
Beans	<input type="checkbox"/> 1-2 tbsp	<input type="checkbox"/> 2-4 tbsp	<input type="checkbox"/> 5-6 tbsp	<input type="checkbox"/> 7 or more tbsp
Peas	<input type="checkbox"/> 1-2 tbsp	<input type="checkbox"/> 2-4 tbsp	<input type="checkbox"/> 5-6 tbsp	<input type="checkbox"/> 7 or more tbsp

RICE, PASTA, PORRIDGE AND SOUP

59. How often do you eat rice and pasta (spaghetti, macaroni)? (Choose only one option for each food.)

	Never/ rarely	1-3 times per month	Once a week	Twice a week	Three times a week or more
Rice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pasta (spaghetti, macaroni, noodles)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

60. How often do you eat porridge? (Choose only one response alternative for each porridge type.)

	Never/ rarely	Once a month	2 or 3 times per month	Once per week	2 to 6 times per week	Once a day or more
Rice porridge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other porridge; oatmeal, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

61. How often do you eat soup? (Choose only one response for each alternative.)

	Never/ rarely	1-3 times per month	Once a week	Twice a week	Three times a week or more
As a main course	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
As appetizer, lunch or supper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FISH

62. We would like to know how often you eat fish, and kindly ask you to indicate your fish consumption below, as accurately as possible. The availability of fish products may be seasonal; please indicate at which season you eat the various types of fish listed.

	Never/ rarely	Same amount all year	Winter	Spring	Summer	Autumn
Cod, saithe/coalfish, haddock, pollack (Atlantic) wolf fish, flounder/flatfish, rose fish/redfish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Salmon, sea trout	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Halibut	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mackerel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Herring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Freshwater fish, including perch, pike, grayling, charr, lavaret and trout	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other fish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

63. Considering the season(s) in which you eat fish, how often do you normally eat the following for dinner (main meal/course)? (Choose only one response to each type.)

	Never/ rarely	Once per month	2-3 times per month	Once a week	Twice a week or more
<u>Boiled</u> cod, saithe, pollack, haddock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Pan-fried</u> cod, saithe, pollack, haddock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wolf fish, founder/flatfish, rose fish/redfish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Salmon, sea trout	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Halibut	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Herring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Freshwater fish (perch, pike, grayling, charr, lavaret, trout)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other fish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

64. If you eat fish, how much do you normally eat each time? (1 piece/serving = 150 grams)

Boiled fish (piece(s)/servings) 1 1 1/2 2 1/2 3 or more
 Pan-fried/oven-baked (piece(s)/servings) 1 1 1/2 2 1/2 3 or more

65. How many times per year do you eat fish roe and fish liver? (Choose only one option for each food.)

	None	1-3	4-6	7-9	10 times or more
Fish roe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fish liver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

66. If you eat fish liver, how many tablespoons do you eat each time? (Choose only one option.)

1 2 3-4 5-6 7 or more

67. How often do you eat the following fish products? (Choose only one option per fish product.)

	Never/ rarely	Once per month	2-3 times per month	Once a week	Twice a week or more
Fishcakes/fish pudding/fish balls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Fish stew</i> /fish gratin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fried fish/fish fingers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other fish products/dishes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

68. In which amounts do you normally eat the various following dishes?
 (Choose only one option per line.)

Fishcakes/fish pudding/fish balls (pcs)
 (2 fish balls=1 fishcake) 1 2 3 4 or more
 Fish stew, fish gratin (dl) 1-2 3-4 5 or more
 Fried fish/fish fingers (pcs) 1-2 3-4 5-6 7 or more

In addition to information regarding fish consumption, it is important to detail the sauces/fat that accompany fish meals.

69. How often do you eat the following as part of fish meals/dishes?

	Never/ rarely	Once per month	2-3 times per month	Once a week	Twice a week or more
Melted/solid butter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Melted/solid margarine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sour cream (full fat; 35% fat)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sour cream (reduced fat; 20% fat)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sauce, high fat content (white/brown)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sauce, fat free (white/brown)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

70. For the various types of fat/sauces that you regularly eat with your fish, please indicate how much you normally eat:

Melted/solid butter (tbsp)	<input type="checkbox"/> 1/2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4 or more
Melted/solid margarine (tbsp)	<input type="checkbox"/> 1/2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4 or more
Sour cream (full fat; 35% fat) (tbsp)	<input type="checkbox"/> 1/2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4 or more
Sour cream (reduced fat; 20% fat) (tbsp)	<input type="checkbox"/> 1/2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4 or more
Sauce, high fat content (dl)	<input type="checkbox"/> 1/4	<input type="checkbox"/> 1/2	<input type="checkbox"/> 3/4	<input type="checkbox"/> 1	<input type="checkbox"/> 2 or more
Sauce, fat free (dl)	<input type="checkbox"/> 1/4	<input type="checkbox"/> 1/2	<input type="checkbox"/> 3/4	<input type="checkbox"/> 1	<input type="checkbox"/> 2 or more

71. How often do you eat shellfish (i.e., prawns/shrimp, crabs, molluscs)? (Choose only one option.)

Never/rarely Once per month 2-3 times per month Once a week or more

72. How many seagull eggs or eggs of other seabirds do you eat during the course of one year?
 (Choose only one option.)

Never 1-3 4-6 7-9 10-15 16 or more

73. Please indicate your freshwater fish (perch, pike, grayling, charr, lavaret, trout) consumption for the given periods in your life: (Choose only one option per line.)

	Never/ rarely	Once a month	2 or 3 times per month	Once per week	2 or 3 times per week	4 times per week or more
Childhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adolescence (13-19 years of age)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adulthood (not including the past year)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MEATS

74. How often do you eat the following meat dishes? (Choose only one option for each meat type.)

	Never/ rarely	1-2 times per month	3-4 times per month	2-3 times per week	4-6 times per week	7 times per week or more
Reindeer meat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moose/elk meat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

75. How often do you eat the following meat and poultry dishes? (Choose only one option for each dish.)

	Never/ rarely	Once per month	2-3 times per month	Once a week	Twice a week or more
Roast (beef, pork, mutton)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cutlets (beef, pork, mutton)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Steak (beef, pork, mutton)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minced meat hamburger/meat patties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hot dog	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grouse, other game birds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meat casserole, stew	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pizza with meat toppings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chicken, unskinned	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chicken, skinned	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bacon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other meat dishes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blood-based dishes, ie. black pudding (lamb/sheep, cattle, reindeer, moose)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

76. If any of the following dishes are in your diet, please indicate your typical serving sizes: (Choose only one option for each dish.)

Roast (slices)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5 or more
Cutlets (pcs)	<input type="checkbox"/> 1/2	<input type="checkbox"/> 1	<input type="checkbox"/> 1 1/2	<input type="checkbox"/> 2 or more	
Hamburgers, meat patties (pcs)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4 or more	
Hot dogs (pcs; 1 = 150 grams)	<input type="checkbox"/> 1/2	<input type="checkbox"/> 1	<input type="checkbox"/> 1 1/2	<input type="checkbox"/> 2 or more	
Casserole/stew (dl)	<input type="checkbox"/> 1-2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5 or more	
Pizza with meat toppings (number of slices; 1 slice = 100 grams)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4 or more	

77. Which of the following sauces do you have with your meat and pasta dishes? (Choose only one option for each sauce variety.)

	Never/ rarely	Once per month	2-3 times per month	Once a week	Twice a week or more
Brown sauce	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gravy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tomato-based sauce	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sauce containing cream/sour cream	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

78. For the various sauces listed, what amounts do you normally apply to your meals?

Brown sauce (dl)	<input type="checkbox"/> 1/4	<input type="checkbox"/> 1/2	<input type="checkbox"/> 3/4	<input type="checkbox"/> 1	<input type="checkbox"/> 2 or more
Gravy (dl)	<input type="checkbox"/> 1/4	<input type="checkbox"/> 1/2	<input type="checkbox"/> 3/4	<input type="checkbox"/> 1	<input type="checkbox"/> 2 or more
Tomato-based sauce (dl)	<input type="checkbox"/> 1/4	<input type="checkbox"/> 1/2	<input type="checkbox"/> 3/4	<input type="checkbox"/> 1	<input type="checkbox"/> 2 or more
Sauce containing cream/sour cream (dl)	<input type="checkbox"/> 1/4	<input type="checkbox"/> 1/2	<input type="checkbox"/> 3/4	<input type="checkbox"/> 1	<input type="checkbox"/> 2 or more

Dental health

97. In your most recent visit to the dentist, did you see a dentist/dental hygienist in private practice or a dentist/dental hygienist employed in the public dental health service? (Mark with an "X".)

- Dentist in private practice
- Dental specialist in private practice
- Dental hygienist in private practice
- Dentist employed in public dental health service
- Dental specialist employed in public dental health service
- Dental hygienist employed in public dental health service
- Dentist abroad (outside of Norway)

98. When did you have your most recent dental appointment? (Choose only one option.)

- Less than 12 months ago
- 1-2 years ago
- 3-5 years ago
- More than five years ago

99. If your most recent dental appointment was more than two years ago, please supply the reason for not going more frequently to the dentist: (Choose only one option.)

- I have not been scheduled for a regular appointment
- Long waiting time for appointment
- I have not had the time
- Economic/financial reasons
- I have not required dental care
- I am afraid or anxious about seeing the dentist
- Other reasons: _____

100. In the past 12 months, how much have you spent on dental care (dentist, dental specialist, dental hygienist)? (Choose only one option.)

- Nothing (I have not had dental appointments in the past 12 months)
- Nothing (I have had my costs covered)
- Less than NOK 1,000
- NOK 1,000-5,000
- NOK 5,001-10,000
- NOK 10,000-20,000
- More than NOK 20,000

101. Please mark two of the below statements that best correspond to what you (personally) consider to be most important in regards to your teeth/oral health:

- It is important that my teeth are nice-looking when I talk and smile
- It is important that my teeth are pain-free (do not hurt)
- It is important that I can chew/eat without any trouble
- It is important that I have fresh breath
- It is important that I keep my teeth for the rest of my life

102. How would you rate your dental health? (Choose only one option.)

- Poor
- Fair
- Good
- Very good

103. Are you using a dental prosthesis/dentures/bridge? Yes No

Sunlight exposure/Tanning

104. Have you been on holiday in southern countries or other beach/sunbathing holiday in the past month?

- Yes
- No

105. Please estimate the total number of hours during which you have been outside (during daylight hours) in the past seven days. _____ hours

Skin care products/Cosmetics

107. How often (number of times) do you use the following cosmetic products? (Choose only one option per product.)

	Never/ rarely	1-3 times per month	Once a week	2-4 times per week	5-6 times per week	Once a day	2 times per day or more
Face cream	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hand cream	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Body lotion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perfume/aftershave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deodorant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hair products (not including shampoo/conditioner)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Children and breastfeeding

108. This question applies to mothers only: What is the birth year of your child/children, and what was the approximate number of months during which the child/children was/were breastfed?

	Birth year	Number of months during which the child was breastfed	Not breastfed
Firstborn:	_____	_____	<input type="checkbox"/>
Second child:	_____	_____	<input type="checkbox"/>
Third child:	_____	_____	<input type="checkbox"/>
Fourth child:	_____	_____	<input type="checkbox"/>
Fifth child:	_____	_____	<input type="checkbox"/>

If you had more than five children, please continue on a separate sheet and attach it to the form.

Family/heritage and linguistic background

109. How would you describe your family's economic/financial circumstances in your childhood/adolescence? (Choose only one option.)

- Very good Good Challenging Highly challenging

People of various ethnic backgrounds live in North Norway. In other words, they speak different languages and belong to different cultures. Examples of ethnic background (or ethnic group): Norwegian, Sami, and Kven.

110. What languages did/do you, your parents and grandparents speak at home? (You may choose one or more alternatives.)

	Norwegian	Sami	Kven	Other language, please specify:
My mother's father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
My mother's mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
My father's father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
My father's mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____

111. Please indicate your ethnic background and the ethnic background of your mother and father: (You may choose one or more alternatives.)

	Norwegian	Sami	Kven	Other language, please specify:
My ethnic background is	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
My father's ethnic background is	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
My mother's ethnic background is	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____

112. What (ethnicity) do you consider yourself to be? (You may choose one or more alternatives.)

- Norwegian Sami Kven Other language, please specify: _____

Body type/size

113. Considering the above figures/illustrations, which one most closely resembles your body type/size?

Figure number: _____

114. In your opinion, which figure/illustration corresponds to a healthy body type/size?

Figure number (male): _____ Figure number (female): _____

115. Which figure/illustration is the first (in ascending numerical order) that you think of as representing a fat person?

Figure number (male): _____ Figure number (female): _____

116. Which figure/illustration is the first (in descending numerical order) that you think of as representing a skinny/slim person?

Figure number (male): _____ Figure number (female): _____

117. How would you describe yourself? (Choose only one response.)

Extremely fat Too fat Average/Just right Too thin/skinny Extremely thin/skinny

118. Have you attempted to lose weight (diet) in the past six months? Yes No

119. If yes, how many kilograms have you lost in the past six months? _____ kg

120. Please indicate the methods used in order to lose weight. (You may choose one or more alternatives.)

Eating less Healthier diet Other dietary changes
 Exercise Weightloss drugs prescribed by doctor/physician Weightloss shakes/powders
 Other, please describe: _____

Other health issues

121. Below you will find a number of common health issues. Please consider each one carefully and individually, and then indicate the extent to which each individual health issue has affected you in the past four weeks. (Choose only one option for each health issue.)

	Not at all	A little	Quite a bit	Extremely
Nervousness or shakiness inside	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling fearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling hopeless about the future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Worrying too much about things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling blue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Sleep/Sleeping habits

We would like to ask some questions concerning your sleeping habits. Please use the 24-hour time format, in which 11:00 corresponds to eleven o'clock in the morning and 23:00 corresponds to eleven o'clock at night.

122. Have you taken part in shift work (worked night/evening shifts) in the past three months? Yes No

123. Please indicate the number of days a week in which you do not have the opportunity to choose freely when to go to sleep and when to wake up/get out of bed. (This may apply, for instance, to any days in which you have to go to work, attend school, etc.) (Choose only one option.)

0 1 2 3 4 5 6 7

124. On the days that I do not have the opportunity to choose freely when to go to sleep/get out of bed,

	Hours	Minutes
I go to bed at	_____	_____

I get ready to fall asleep at	_____	_____
-------------------------------	-------	-------

Number of minutes that it normally takes before I fall asleep (fully): _____

	Hours	Minutes
I wake up at	_____	_____

I wake up due to/using:

- Alarm clock External circumstances (i.e., noise caused by family members or others) I wake up naturally

Number of minutes normally passing from I wake up till I get out of bed: _____

On such days, do you sleep in other hours of the day (i.e., afternoon nap)? Yes No

	Hours	Minutes
When (what hour) does this normally occur?	_____	_____

Provide the number of minutes of daytime sleeping: _____

125. On days in which I can freely choose my rising/waking/sleeping hours:

	Hours	Minutes
I go to bed at	_____	_____

I get ready to sleep at	_____	_____
-------------------------	-------	-------

Number of minutes that it normally takes before I fall asleep (fully): _____

	Hours	Minutes
I wake up at	_____	_____

I wake up due to/using:

- Alarm clock External circumstances (i.e., noise caused by family members or others) I wake up naturally

Number of minutes normally passing from I wake up till I get out of bed: _____

On such days, do you sleep in other hours of the day (i.e., afternoon nap)? Yes No

Thank you for participating in the survey!