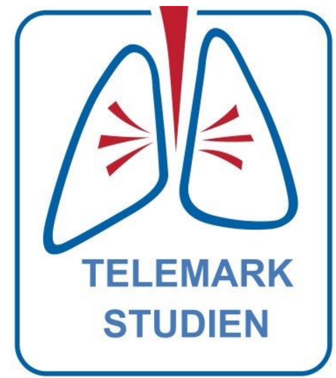
SYKEHUSET TELEMARK



THE TELEMARK STUDY

- A health research project

Personal information

Today's date (ddmmyy):

Gender:

☐ Female
☐ Male

Height: ☐ *cm*

Weight: ☐,☐ *kg*

What is your marital status?

☐ Single
☐ Married
☐ Partner
☐ Divorced/separated
☐ Widow

How many years of school do you have?

(Starting with the first class of primary school up to the last fully completed academic year).

☐ Years

What is your highest level education?
(Are you currently in secondary/vocational school/college/university? Please cross off your highest completed level of formal education).

☐ Elementary school/grade school
☐ Basic courses/1-2 year(s) of education after elementary school
☐ Secondary/high school/vocational school (3-years)
☐ Certificate
☐ University/College - 4 years or less
☐ University/College - more than 4 years
☐ Other: ____

We assume that your employability, when it was at its best would rate 10 points. How many points would you give to rate your employability?

(0 means that you cannot work and 10 that your employability is at its best right now).

0	1	2	3	4	5	6	7	8	9	10
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Working conditions

1. *Have you ever been in work?*

☐ No (go to question 10)

☐ Yes (go to question 2)

2. ***Describe your employment and work tasks with their associated time frames.***
If you have worked less than three months you do not need to respond.

If you have had many employers with similar works tasks merge them into one and proceed through the questionnaire. (Example: Building and construction, excavator driver with Selmer/Pavement/Ripper-Smith, 1993-2009). If you have been self-employed consider this as employment and proceed through the questionnaire.

Examples:

Yara/ Fertilizer Manufacturer	*Process operator*	*2008*	*2010*
Teaching	*Teacher at the vocational school*	*2010*	*2011*
Consulting	*Consultant company*	*2011*	*present day*

Sector/industry	***Profession (title)/work tasks***	***Year started***	***Year ended***

3. *Have you been in work for* ***the past 12 months****?*

☐ No

☐ Yes

Supplementary questions about your work tasks in various employment situations: Many of these questions are specific to certain professions. If the question does not apply to you; answer no and move on to the next question.

4. *Have you in your work been subjected to: Gas, smoke or dust?*

☐ No

☐ Yes

5. *If you have been exposed to the gas, smoke or dust over the course of **the last five years** - how often? (Cross off an average)*

- ☐ Daily, for large parts of the working day
- ☐ Daily, but for short periods
- ☐ Weekly
- ☐ Less often

6. *Have you **ever,** in your **work,** been exposed to:*

	No	Yes	Last year of exposure
Smoke from frying	☐	☐	
Car/engine exhaust	☐	☐	
Strong acids, ammonia or formalin	☐	☐	
Stone dust	☐	☐	
Flour dust	☐	☐	
Wood dust	☐	☐	
Paper dust	☐	☐	
Textile dust	☐	☐	
Metal dust	☐	☐	

7. *At work have you worked with:*

	No	Yes	Last year of exposure
Cleaning/disinfection agents	☐	☐	
If YES, do/did you use spray?	☐	☐	
Superglue or similar	☐	☐	
Painting or varnishing work	☐	☐	
Welding or other metal smoke	☐	☐	
Sewage or treatment plants	☐	☐	
Hair care products	☐	☐	
Animals	☐	☐	

If YES, which animals? ____________________

Gas, dust or damp not mentioned above

____

8.

Have you worked in offices with:	No	Yes	Last year of exposure
Visible moisture damage	☐	☐	
Visible mold	☐	☐	
Smell of mildew (basement smell)	☐	☐	
Cold (in the cold room or outdoors in winter)	☐	☐	
Have you had physically strenuous work (so that you have been out of breath and sweaty)	☐	☐	
Have you had work with repetitive heavy lifting?	☐	☐	

9. *Have you used respiratory protection (safety/dust mask) at work during **the last 12 months?***

☐ Always/almost always
☐ From time to time
☐ Never/almost never

Have you only used respiratory protection in cases of high exposure?

☐ No
☐ Yes

10. *Have you had an accident at work or in your leisure time where you have been exposed to high levels of gas, smoke or dust?*

☐ No
☐ Yes

If YES, did you experience respiratory problems (coughing, shortness of breath, wheezing/rasping) when the accident happened or immediately afterwards?

☐ No
☐ Yes

Respiratory symptoms

11.

			No	Yes
11.1		Have you had wheezing or whistling in the chest at some point over the course **of the last 12 months**?	☐	☐
		If NO, go to question 11.2, if YES:		
	a	Have you ever felt out of breath due to wheezing or whistling in your chest?	☐	☐
	b	Have you had whistling or wheezing in your chest without having a cold?	☐	☐
11.2		Have you woken up with a feeling of tightness in your chest at any time in **the last 12 months**?	☐	☐
11.3		Have you woken up with breathing difficulties over the course of **the last 12 months?**	☐	☐
11.4		Have you woken up due to coughing attacks during **the last 12 months?**	☐	☐
11.5		Have you experienced an asthma attack in **the last 12 months**?	☐	☐
		Do you currently use any medication (spray, inhalation powder or tablets) for asthma?		
11.6		Do you have allergies that cause nasal symptoms, including hay fever?	☐	☐
11.7		Have you during the last years had a prolonged cough?	☐	☐
11.8		Do you usually cough up phlegm or have mucus in the lungs that is hard to get up?	☐	☐
		If NO go to question 11.9, if YES:		
	a	Do you cough up or bring up phlegm in this way nearly every day for at least three months each year?	☐	☐
	b	Have you had periods with similar symptoms for at least two consecutive years?	☐	☐
	c	How old were you when these problems started? ☐ Years		
11.9		Have you ever had whistling or wheezing in the chest?	☐	☐
		If Yes, how old were you when you experienced whistling or wheezing in the chest the first time? ☐ Years		

		No	Yes
11.10	Do you have, or have you ever had asthma?	☐	☐
	If NO go to question, 11.11, if YES:		
a	Has a doctor ever diagnosed you with asthma?	☐	☐
b	How old were you when you first experienced asthma symptoms? [ ] years		
d	What year did you last experience asthma symptoms? [ ] (yyyy)		
11.11	Has a doctor ever told you that you have chronic obstructive pulmonary disease (COPD)?	☐	☐
	If Yes, how old were you when you first experienced symptoms of COPD? [ ] years		
11.12	Have you ever experienced nasal symptoms such as stuffy nose, runny nose or sneeze attacks without having a cold?	☐	☐
	If NO go to question 11.13, if YES:		
a	How old were you when you first experienced these nasal symptoms? [ ] years		
b	Have you had nasal symptoms over **the course of the last 12 months?**	☐	☐
c	During which season are your symptoms worse? (select only one option) ☐Spring ☐Summer ☐Autumn ☐Winter ☐Always ☐Don’t know		
11.13	Have you ever had a blocked nose **for more than 12 weeks over the course of the last 12 months?**	☐	☐
11.14	Have you had pain or pressure around the forehead, nose, or eyes **for more than 12 weeks over the course of the last 12 months?**	☐	☐
11.15	Have you had discolored nose secretions (snot) or discolored mucus in the throat for **more than 12 weeks over the course of the last 12 months?**	☐	☐
11.16	Has your sense of smell been impaired or lost for **more than 12 weeks over the course of the last 12 months?**	☐	☐

Respiratory ailments and work

12. *Have you ever had recurring respiratory symptoms (cough, heavy breathing, wheezing, whistling) while on the job?*

☐ No (go to question 15)
☐ Yes
☐ Yes, in the last 12 months

How serious were the respiratory symptoms?
(0 means that you did not have ailments and 10 that you had very serious ailments.)

0	1	2	3	4	5	6	7	8	9	10
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

13. *Were your complaints better:*

	No	Yes
- on weekends?	☐	☐
- during the holidays?	☐	☐
- during other absence from work?	☐	☐
- when changing your job/workplace?	☐	☐

14. *If you use/have used medicine to treat respiratory symptoms; can/could you reduce its use/dosage?*

	No	Yes
- on weekends?	☐	☐
- during the holidays?	☐	☐
- during other absence from work?	☐	☐
- when changing your job/workplace?	☐	☐

15. *Have you ever changed your job because the job has affected your breathing?*

☐ No
☐ Yes

If Yes, when was it (in which year)?

Year ☐☐☐☐ Year ☐☐☐☐

If YES, which place of work (work tasks) did you have at that time?

____

16. *Have you ever changed your job because of: Hay fever, or other nasal problems?*

☐ No
☐ Yes

If Yes, when was it (what or which year)?

Year ☐☐☐☐ Year ☐☐☐☐

If YES, which place of work (work tasks) did you have at that time?

____

17. *Have you ever changed job due to other health problems/illnesses?*

☐ No
☐ Yes

18. *Have you been on sick leave over* **the course of the last 12 months?**

☐ No
☐ Yes

If YES, for how many days? Choose only one option

☐ 1-7 days ☐ 8 -14 days ☐ 15 days - 12 weeks ☐ More than 12 weeks

Have you been off work due to breathing problems in ***the last 12 months****?*

☐ No
☐ Yes

Smoking and snuff

19.

	No	Yes
Do you smoke daily (even if you only smoke a few cigarettes, cigars or a pipe daily)?	☐	☐
Do you smoke only occasionally (not daily, but weekends, party smoking or the like)?	☐	☐
Did you use to smoke?	☐	☐

If the answer is NO to question 19, go to question 25.

20. *How much did you smoke? (Give an average)*

☐ Cigarettes per day or ☐ cigarettes per **week**

☐ Cigars per week

☐ Packs of rolling tobacco-/pipe tobacco per week

21. *How old were you when you started smoking?*

☐ Years

22. *How long have you been smoking (this applies to both current and former smoking)?*

☐ Years

23. *If you smoked in the past, when did you quit?*

☐ Year

24. *Do you use, or have you used snuff?*

☐ No, never ☐ Yes from time to time

☐ Yes, but I stopped ☐ Yes, daily

*If you have **never** taken snuff, go to question 26.*

If YES:

How old were you when started to take snuff? ☐ *years*

How many tins of snuff do/did you use per month? ☐ *tins*

If you have stopped taking snuff, how old were you stopped? ☐ *years*

Living conditions

26. *What type of residence do you live in? (Choose two options)*

☐ Detached house ☐ Apartment/lodgings

☐ Row house/Semi-detached ☐ Other

27. *When did you move into your current residence?*

☐ year

How many hours per day do you normally spend in your home?

Weekdays ☐ hours Weekends ☐ hours

28. Is tobacco smoked inside your current residence? Choose only one option.

☐ Almost daily ☐ 1-4 times/week ☐ 1-4 times/week ☐ Never

29. Have you had any of the following in your residence?

	No	Yes	The number of years	The last year you were exposed.
Water damage/damage from damp inside the dwelling on walls, floors or ceilings?	☐	☐		
"Warped" plastic mats, yellowed plastic coating or wood flooring that has become dark due to moisture?	☐	☐		
Visible mold on walls, floors or ceilings?	☐	☐		
Have you at any time over the course of the last 10 years seen signs of moisture damage, water leakage or mildew in your home?	☐	☐		

30. *Is your bedroom window near a street (less than 20 m)?* *Choose only one option*

☐ No
☐ Yes, with moderate traffic
☐ Yes, with light traffic
☐ Yes, with a lot of traffic

31. *How much time do you usually spend travelling along a moderate-to very busy road in the course of a normal day?*

About ______ minutes/day

Which of following heating methods were used in your home when you were five years old? Select more than one option if applicable.

☐ Wood
☐ Coal
☐ Paraffin
☐ Electricity
☐ Gas
☐ Oil
☐ Water-borne/district heating

32. *What word best describes the place you lived most of the time when you were under five years old? Choose only one option*

☐ Farm with animals
☐ Farm without animals
☐ Hamlet/village
☐ Small town/close to a town
☐ Large city

33. *Have you over the past 12 months used spray products regularly for cleaning at home?*

☐ No
☐ Yes

Childhood and family

34.

	No	Yes	Do not know
Did you as a child, have a severe respiratory infection before the age of 5?	☐	☐	☐
Did your mother smoke regularly when you were a child?	☐	☐	☐
Did your father smoke regularly when you were a child?	☐	☐	☐
Did anyone else in your home smoke on a regular basis when you were a child?	☐	☐	☐

35. *Do you have parents who have, or have had, the following diseases (provide a response for deceased parents)?* Use a cross mark if the answer is YES

	Mother	Father
Asthma	☐	☐
Chronic bronchitis, emphysema or COPD	☐	☐
Heart disease	☐	☐
High blood pressure	☐	☐
Brain hemorrhage/stroke	☐	☐
Diabetes (diabetic)	☐	☐
Cancer	☐	☐

Physical activity and diet

36. *–How often do you train? (Give an average)*

☐ Never
☐ Less than 1 time per week
☐ 1 time per week
☐ 2-3 times per week
☐ About daily (4-7) times per week)

37. *If you train once per week or more:*

How hard do you exercise?

☐ Take it easy without getting out of breath or sweaty
☐ Take it so hard that I get out of breath and/or sweaty
☐ I am almost exhausted

38. *How long do you usually work out? (Give an average)*

- ☐ Less than 15 minutes
- ☐ 15-29 minutes
- ☐ 30 minutes to 1 hour
- ☐ More than 1 hour

39. *Do you usually have at least 30 minutes of physical activity daily?*

☐ No ☐ Yes

40. *How often do you usually eat these foods? Make a cross in the box*

	0-3 times per month	1-3 times per week	4-6 times per week	1 time per day	2 times or more per day
Fruit/berries	☐	☐	☐	☐	☐
Vegetables	☐	☐	☐	☐	☐
Chocolate/candy	☐	☐	☐	☐	☐
Boiled potatoes	☐	☐	☐	☐	☐
Pasta/rice	☐	☐	☐	☐	☐
Sausages/hamburgers	☐	☐	☐	☐	☐
Oily fish (salmon, trout, herring, mackerel, redfish as toppings at dinner)	☐	☐	☐	☐	☐

41. *Do you use the following supplements? Make a cross in the box*

	Yes, daily	Occasionally	No
Cod liver oil	☐	☐	☐
Omega-3 capsules	☐	☐	☐
Vitamin-and/or mineral supplements	☐	☐	☐

Other diseases and symptoms

42. If you answer YES to the questions below, fill in your age on the far right.

(Cross either no or yes to all questions)

	No	Yes	If Yes, how old were you the **first** time?
Have you been told by a doctor that you have high blood pressure?	☐	☐	☐ year
Has a doctor said that you have diabetes?	☐	☐	☐ year
Have you been hospitalized with a heart attack or heart cramp (angina)?	☐	☐	☐ year
Has a doctor ever told you have heart failure (weak heart, water on the lungs or swollen legs)?	☐	☐	☐ year

43. *Do you have, or have you ever had any of these diseases/complaints?*

Make a cross to indicate either no or yes to all the questions)

	No	Yes	If Yes, how old were you on the **first** occurrence?
Stroke/aneurism	☐	☐	☐ year
Atrial fibrillation?	☐	☐	☐ year
Eczema on the hands (with the exception of psoriasis)?	☐	☐	☐ year
Chronic lung disease other than asthma or COPD?	☐	☐	☐ year
Have you ever had mental problems that you have sought help for?	☐	☐	☐ year