COSM Questionnaire 1997

Personal national registration number ☐☐☐☐☐☐ – ☐☐☐☐

LIFE HABITS AND HEALTH AMONG MEN

Please use a biro/pen with blue or black ink.

Answer this way: ☐ Make a small **cross** in the small boxes

☐ Write clear **numbers** in the big boxes.

WEIGHT

1. How much did you weigh at birth?

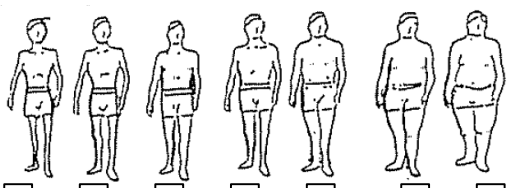
Less than 1500 grams	1500-2499	2500-3999	4000-4999	Over 5000	Don't know
☐	☐	☐	☐	☐	☐

2. Were you born more than a month too early?

☐ No ☐ Yes

3. Are you a twin? ☐ No ☐ Yes

4. Which figure is most similar to your figure at the age of 10 years?



10 years ☐ ☐ ☐ ☐ ☐ ☐ ☐

5. How tall were you at the age of 20? ☐☐☐ cm

6. How much did you weigh at (in kilos):

20 yrs	30 yrs	40 yrs	50 yrs
☐☐☐	☐☐☐	☐☐☐	☐☐☐

60 yrs	70 yrs	80 yrs	Weight now
☐☐☐	☐☐☐	☐☐☐	☐☐☐

7. What are your measurements around your waist and hips?

Waist ☐☐☐ cm Hips ☐☐☐ Cm

8. What is your shoe size ☐☐ collar size ☐☐

9. Have you ever in your life lost 5 kg or more in less than 1 year? *If yes*, **why**?

☐ No, never

☐ Yes, due to dieting ☐☐ times, Illness ☐☐ times

more active ☐☐ times, Other ☐☐ times

10. If you ever dieted, what methods did you use?

☐ Weight watchers ☐ Less fat ☐ Fasting

☐ Fiber tablets ☐ Dieting powder *e.g. Nutrilett* ☐ Medicines *e.g. Obesedyl*

☐ Other

PHYSICAL ACTIVITY AND EXERCISE

11. Mark your level of physical activity **at different ages**:

Work/occupation	15 yrs	30 yrs	50 yrs	this yr
Mostly sitting down	☐	☐	☐	☐
Sitting down half the time	☐	☐	☐	☐
Mostly standing up	☐	☐	☐	☐
Mostly walking, min. lifting/carrying	☐	☐	☐	☐
Mostly walking, sig. lifting /carrying	☐	☐	☐	☐
Heavy manual labour	☐	☐	☐	☐

Walking/cycling	15 yrs	30 yrs	50 yrs	this yr
Hardly ever	☐	☐	☐	☐
Less than 20 min/day	☐	☐	☐	☐
20-40 minutes/day	☐	☐	☐	☐
40-60 minutes/day	☐	☐	☐	☐
1-1.5 hours/day	☐	☐	☐	☐
More than 1.5 hours/day	☐	☐	☐	☐

Home/household work	15 yrs	30 yrs	50 yrs	this yr
Less than 1 hour/day	☐	☐	☐	☐
1-2 hours/day	☐	☐	☐	☐
3-4 hours/day	☐	☐	☐	☐
5-6 hours/day	☐	☐	☐	☐
7-8 hours/day	☐	☐	☐	☐
More than 8 hours/day	☐	☐	☐	☐

Leisure time

Reading/watching TV	15 yrs	30 yrs	50 yrs	this yr
Less than 1 hour/day	☐	☐	☐	☐
1-2 hours/day	☐	☐	☐	☐
3-4 hours/day	☐	☐	☐	☐
5-6 hours/day	☐	☐	☐	☐
More than 6 hours/day	☐	☐	☐	☐

Exercise *(excluding walking/cycling)*				
Less than 1 hour/week	☐	☐	☐	☐
1 hour/week	☐	☐	☐	☐
2-3 hours/week	☐	☐	☐	☐
4-5 hours/week	☐	☐	☐	☐
More than 5 hours/week	☐	☐	☐	☐

12. How many hours in 24 hours do you usually...

Sleep ☐☐ hours/ 24 hours Sit/lie down ☐☐ hours/ 24 hours

DIETARY HABITS IN THE LAST YEAR

13. How much do you drink/eat of the following:

1 glass=2 dl	Per day *or*		Per week	
Milk, skimmed (<0.5% fat)		glass/d		glass/w
Milk, semi-skimmed (1.5% fat)		glass/d		glass/w
Milk, whole (3% fat)		glass/d		glass/w
Sour milk/yogurt, low-fat		glass/d		glass/w
Sour milk/yogurt		glass/d		glass/w
Fruit juice(saft)/soda		glass/d		glass/w
Light beer		glass/d		glass/w
Tea 1 cup=1.5 dl		cups/d		cups/w
Coffee		cups/d		cups/w
Sugar/honey		Teasp. lumps/d		Teasp. lumps/d
Cheese		slices/d		slices/w
Cheese, reduced fat		slices/d		slices/w
Cottage cheese/quark		Table-spoons		Table-Spoons
Crisp bread		slices/d		slices/w
White bread/limpa		slices/d		slices/w
Whole grain bread		slices/d		slices/w

14. How many slices of bread with butter/margarine do you usually eat per day o*r* per week?

☐ slices/day ☐ slices/week

15. How much butter/margarine do you usually spread on your bread?

☐ Fairly thick ☐ Thinly ☐ Very thin
☐ None at all

16. What types of fat do you usually use?

	Sand-wiches	Home-made dressing	For cooking
Butter (80% fat)	☐		☐
Bregott (50% butter/50% marg)	☐		☐
Margarine spread (80% fat)	☐		☐
Margarine spread (40% fat)	☐		☐
Margarine (80% fat)	☐		☐
Olive oil		☐	☐
Rapeseed/canola oil		☐	☐
Cooking oil (corn, sunflower, soybean)	☐	☐	☐
Liquid margarine			☐
I do not use any type of fat	☐		☐

17. On average, how often do you eat the following?
*Mark only **one** cross on **each** line.*

	Times per month		... week			... day		
CEREALS	0	1-3	1-2	3-4	5-6	1	2	3+
Oatmeal	☐	☐	☐	☐	☐	☐	☐	☐
Other porridge/gruel	☐	☐	☐	☐	☐	☐	☐	☐
Cereals/müesli	☐	☐	☐	☐	☐	☐	☐	☐
Spaghetti/macaroni	☐	☐	☐	☐	☐	☐	☐	☐
Pancakes/crepes	☐	☐	☐	☐	☐	☐	☐	☐
Pizza	☐	☐	☐	☐	☐	☐	☐	☐
Rice	☐	☐	☐	☐	☐	☐	☐	☐
Wheat or oat bran	☐	☐	☐	☐	☐	☐	☐	☐
	Times per month		... week			... day		
MEAT	0	1-3	1-2	3-4	5-6	1	2	3+
Minced meat (meatballs, hamburger, mincemeat sauce)	☐	☐	☐	☐	☐	☐	☐	☐
Pork (steak/casserole)	☐	☐	☐	☐	☐	☐	☐	☐
Beef/veal (steak/casserole)	☐	☐	☐	☐	☐	☐	☐	☐
Sausage (fried/grilled/boiled)	☐	☐	☐	☐	☐	☐	☐	☐
Blood pudding/sausage	☐	☐	☐	☐	☐	☐	☐	☐
Liver/kidney	☐	☐	☐	☐	☐	☐	☐	☐
Liver paté	☐	☐	☐	☐	☐	☐	☐	☐
Cold cuts: meat/sausage	☐	☐	☐	☐	☐	☐	☐	☐
	Times per month		... week			... day		
POULTRY/FISH/EGG	0	1-3	1-2	3-4	5-6	1	2	3+
Chicken/other poultry	☐	☐	☐	☐	☐	☐	☐	☐
Herring/mackerel	☐	☐	☐	☐	☐	☐	☐	☐
Salmon/whitefish/red char	☐	☐	☐	☐	☐	☐	☐	☐
Cod/saithe/fish sticks	☐	☐	☐	☐	☐	☐	☐	☐
Caviar	☐	☐	☐	☐	☐	☐	☐	☐
Shellfish (shrimp/crayfish)	☐	☐	☐	☐	☐	☐	☐	☐
Eggs/omelette	☐	☐	☐	☐	☐	☐	☐	☐
	Time per month		... week			... day		
POTATOES/CARROTS	0	1-3	1-2	3-4	5-6	1	2	3+
Boiled potatoes	☐	☐	☐	☐	☐	☐	☐	☐
Fried potatoes	☐	☐	☐	☐	☐	☐	☐	☐
French fries	☐	☐	☐	☐	☐	☐	☐	☐
Carrots	☐	☐	☐	☐	☐	☐	☐	☐
Beetroots	☐	☐	☐	☐	☐	☐	☐	☐
	Time per month		... week			... day		
VEGETABLES	0	1-3	1-2	3-4	5-6	1	2	3+
Lettuce/iceberg lettuce	☐	☐	☐	☐	☐	☐	☐	☐
Cabbage (white, red, Chinese))	☐	☐	☐	☐	☐	☐	☐	☐
Cauliflower	☐	☐	☐	☐	☐	☐	☐	☐
Broccoli/brussels sprouts	☐	☐	☐	☐	☐	☐	☐	☐
Tomato/tomato juice	☐	☐	☐	☐	☐	☐	☐	☐
Peppers	☐	☐	☐	☐	☐	☐	☐	☐
Spinach	☐	☐	☐	☐	☐	☐	☐	☐
Green peas	☐	☐	☐	☐	☐	☐	☐	☐
Onion/leek	☐	☐	☐	☐	☐	☐	☐	☐
Garlic	☐	☐	☐	☐	☐	☐	☐	☐
Mixed vegetables	☐	☐	☐	☐	☐	☐	☐	☐
Pea soup/beans/lentils	☐	☐	☐	☐	☐	☐	☐	☐
Soy bean products	☐	☐	☐	☐	☐	☐	☐	☐

	Times per month			... week			... day		
FRUITS/BERRIES	0	1-3		1-2	3-4	5-6	1	2	3+
Orange/citrus fruits	☐	☐		☐	☐	☐	☐	☐	☐
Orange/grapefruit juice	☐	☐		☐	☐	☐	☐	☐	☐
Apple/pear	☐	☐		☐	☐	☐	☐	☐	☐
Banana	☐	☐		☐	☐	☐	☐	☐	☐
Berries (fresh or frozen)	☐	☐		☐	☐	☐	☐	☐	☐
Other fruits	☐	☐		☐	☐	☐	☐	☐	☐
Jam/marmalade/sauce	☐	☐		☐	☐	☐	☐	☐	☐
Fruit fool/fruit soup	☐	☐		☐	☐	☐	☐	☐	☐
	Times per month			... week			... day		
CAKES/SWEETS ETC.	0	1-3		1-2	3-4	5-6	1	2	3+
Buns/cookies	☐	☐		☐	☐	☐	☐	☐	☐
Biscuits/wafers	☐	☐		☐	☐	☐	☐	☐	☐
Cakes/pastries	☐	☐		☐	☐	☐	☐	☐	☐
Chocolate	☐	☐		☐	☐	☐	☐	☐	☐
Candy (not chocolate)	☐	☐		☐	☐	☐	☐	☐	☐
Ice cream	☐	☐		☐	☐	☐	☐	☐	☐
Chips/popcorn/cheese puffs	☐	☐		☐	☐	☐	☐	☐	☐
Nuts/almonds	☐	☐		☐	☐	☐	☐	☐	☐
Salad dressing Light ☐	☐	☐		☐	☐	☐	☐	☐	☐
Mayonnaise Light ☐	☐	☐		☐	☐	☐	☐	☐	☐
Crème fraîche Light ☐	☐	☐		☐	☐	☐	☐	☐	☐
Cream	☐	☐		☐	☐	☐	☐	☐	☐
Ketchup	☐	☐		☐	☐	☐	☐	☐	☐

18. On average, how often do you eat fried food?

			Rarely
Sausage/steak/pork chop *Fried in a pan*		times/mon	☐
Fish fried in a pan		"	☐
Chicken/fillet/casserole *Fried in a pan*		"	☐
Grilled/oven roasted chicken		"	☐
Gravy/meat juice		"	☐

19. What degree of browning do these foods usually have?

☐ Light brown ☐ Brown
☐ Dark brown ☐ Charred

20. How often do you drink alcohol?

☐ I have never had alcohol
☐ I stopped drinking alcohol at the age of ☐☐ yrs

	Times per month				... week			... day		
☐ I usually drink	Never	0-1	2-3		1-2	3-4	5-6	1	2	3+
Beer	☐	☐	☐		☐	☐	☐	☐	☐	☐
Beer (>3.5% alc)	☐	☐	☐		☐	☐	☐	☐	☐	☐
Wine	☐	☐	☐		☐	☐	☐	☐	☐	☐
Wine (>18% alc)	☐	☐	☐		☐	☐	☐	☐	☐	☐
Spirits (40% alc)	☐	☐	☐		☐	☐	☐	☐	☐	☐

21. How much do you drink on each occasion?

Beer ☐☐☐ cl Wine ☐☐ cl Spirits ☐☐ cl

1 can of beer=33/50 cl, bottle of wine/spirits=75 cl, 1 dl=10 cl

DIETARY SUPPLEMENTS

22. Do you take vitamin, mineral or other supplements?

☐ Yes, regularly ☐ Yes, sometimes ☐ No

If yes, **how much** *and* **since when?**

Multivitamins	☐☐	tablets per week	☐☐	yr
Vitamin C	☐☐	"	☐☐	yr
Vitamin E	☐☐	"	☐☐	yr
Vitamin B_6	☐☐	"	☐☐	yr
Calcium	☐☐	"	☐☐	yr
Fish oil	☐☐	capsules per week	☐☐	yr

23. Which of the following do you usually take?

☐ Enomdan	☐ Vitamineral	☐ Vitaplex	☐ Omnibionta
☐ Ginseng	☐ Vit B-complex	☐ Selenium	☐ Folic Acid
☐ Gerimax	☐ Beta-carotene	☐ Q10	☐ Oxigard
☐ Protector	☐ Magnesium	☐ Zinc	☐ Chromium
☐ Esbericum	☐ Hyperiforce	☐ Cernitol	☐ Curbicin
☐ Echinacea	☐ Garlic tablets	☐ Ginseng	☐ Other

HEALTH

24. How would you describe your general health?

Very good	Good	Neither good/ nor bad	Bad	Very bad
☐	☐	☐	☐	☐

25. Have you had any of the following diseases?

State ***what year*** *you had the first diagnosis*

☐ High blood pressure	yr 19	☐☐
☐ High cholesterol	yr 19	☐☐
☐ Blood clot (deep) in the leg	yr 19	☐☐
☐ Angina	yr 19	☐☐
☐ Heart attack	yr 19	☐☐
☐ Stroke	yr 19	☐☐
☐ Diabetes	yr 19	☐☐
☐ Fracture of the wrist/vertebra/femur	yr 19	☐☐
☐ Kidney stone	yr 19	☐☐
☐ Gallstone	yr 19	☐☐
☐ Cataract surgery	yr 19	☐☐
☐ Urinary problems	yr 19	☐☐

26. Has any of your parents or siblings had:

	No	Yes, Mother	Father	Siblings *How many*	Don't know
Colon cancer	☐	☐	☐	☐☐	☐
Prostate cancer	☐		☐	☐☐	☐
Other cancer	☐	☐	☐	☐☐	☐
Heart attack	☐	☐	☐	☐☐	☐

Before 60 years old

27. These questions concern urination over the **past month**.

	Never	Less than every 5th time	Less than every other time	About half of the time	More than half of the time	Almost never
How often have you had the feeling of not being able to empty your bladder?	☐	☐	☐	☐	☐	☐
How often have you had to urinate within 2 hours after a previous visit to the toilet?	☐	☐	☐	☐	☐	☐
How often is urination not in a continuous flow?	☐	☐	☐	☐	☐	☐
How often is it hard to hold in urination?	☐	☐	☐	☐	☐	☐
How often do you have a weak urine stream?	☐	☐	☐	☐	☐	☐
How often must you apply pressure to urinate?	☐	☐	☐	☐	☐	☐

	Never	1 time	2 times	3 times	4 times	5+
28. How often do you normally go to the toilet each night?	☐	☐	☐	☐	☐	☐

	Very good	Good	Acceptable	Neither good or bad	Fairly bad	Very bad	Terrible
29. If you had to live with the way you urinate as you do today, how would that feel?	☐	☐	☐	☐	☐	☐	☐

MEDICINE, SMOKING ETC.

30. Have you used any of the following medicines?
If yes, **how much** *and* **how long***?*

Aspirin *(ex. Magnecyl, Bamyl, Dispril, Aspirin, Alka-Seltzer, Treo, Albyl, Bamycor, Trombyl)*

☐ No ☐ Yes ☐ tabl/wk, from yr 19 ☐

Para-acetylaminophenol *(ex. Alvedon, Panodil, Citadon, Curadon, Distalgesic, Lemsip, Panocod, Reliv)*

☐ No ☐ Yes ☐ tabl/wk, from yr 19 ☐

Medication for sleeping disorders

☐ No ☐ Yes ☐ tabl/wk, from yr 19 ☐

Cortisone tablets ☐ No ☐ Yes ☐ course

Cortisone in inhalation form *(t.ex. Pulmicort, Becotide, Flutide)*

☐ No ☐ Yes, now ☐ Yes, in total ☐ yr

31. Have you taken medicine for prostate problems?

☐ No

☐ Yes, *Proscar*
from ☐ Yrs of age, in total ☐ yrs

☐ Yes: *Peripress, Alfadil, Xatral, Hytrinex, Sinalfa*
from ☐ years old, total ☐ yrs

32. Have you smoked cigarettes regularly at some time?

☐ No, I have never smoked cigarettes

☐ Yes, I started smoking when I was ☐ yrs
☐ still smoking ☐ stopped smoking for ☐ yrs

Number of cigarettes per day at each age

15-20 yr	21-30 yr	31-40 yr	41-50 yr	51-60 yr	This year
☐	☐	☐	☐	☐	☐

33. Do you use snuff or smoke a pipe regularly?

☐ No ☐ Yes, I have used snuff
☐ Yes, I have smoked a pipe.

34. How often do you feel very angry?

☐ Times/day ☐ Times/week ☐ Seldom ☐ Never

OTHER QUESTIONS

35. Where did you grow up?

☐ In a big city/suburb ☐ In a medium-sized city
☐ In a small town/community ☐ In the countryside

36. How many whole/half siblings do you have?

Sisters ☐ Brothers ☐

37. How many siblings were born to your mother before you?

She had ☐ children before me

38. What education/schools have you gone to?

☐ Compulsory school ☐ Secondary school
☐ Junior secondary school ☐ University/college
☐ Vocational/Boys' school ☐ Other training

39. What is your current marital status?

☐ Single ☐ Married/living with partner ☐ Divorced ☐ Widower

40. What is your current employment status?

☐ Full-time ☐ Part-time ☐ Unemployed
☐ Studying ☐ Disability ☐ Retired

It is good if you can go through and check that the questions are answered as fully as possible.

Would you like to help further research by providing a blood sample for future genetic studies of protective factors? ☐ Yes ☐ No

Would you allow researchers - if you become ill - to study cells in tissue samples taken during routine diagnostic or treatment? ☐ Yes ☐ No

Can we call you if we need to ask further questions?
☐ Yes ☐ No

Your phone nr ☐ - ☐
Area code

THANK YOU FOR YOUR PARTICIPATION !