

## LIFESPAN study

Lifestyle, prevention and risk of acute pancreatitis

### COMPLEX QUESTIONNAIRE

## CONTROL

# V3

### CONTENTS

- FORM-A1: Personal Details, physical and socioeconomic status (general, last year)
- FORM-A2: Personal Details, physical and socioeconomic status (changing, last month)
  - FORM-B1: Details from the medical history (general, last year)
  - FORM-B2: Details from the medical history (changing, last month)
  - FORM-C2: Food Frequency Questionnaire (changing, last month)
  - FORM-D1: Physical Activity Questionnaire (general, last year)
  - FORM-D2: Physical Activity Questionnaire (changing, last month)
  - FORM-E1: Stress Questionnaire (general, last year)
  - FORM-E2: Stress Questionnaire (changing, last month)
  - FORM-F1: Sleep Quality Questionnaire (general, last year)
  - FORM-F2: Sleep Quality Questionnaire (changing, last month)

FORM-A1: Personal Details, physical and socioeconomic status (general, last year)

1. Personal Details

Name: .....

Date of Birth: .....year.....month.....day

Gender: female / male / no answer

Race: Asian-Indian / Black / White / other: .....

Town: .....

Population of your town: .....

Type: village in rural area / town / suburb of city / inner city

*Village (less than 5,000 person)*

*Town (about 5,000 – 20,000 person)*

*City (more than 20,000 person)*

Marital status:

Married (and not separated) / Living common law / Widowed (not living common law) / Separated (not living common law) / Divorced (not living common law) / Single (not living common law)

Number of children: .....

2. Physical status

Body weight:..... kg

Body height: ..... cm

BMI (calculated): .....

Waist circumference: ..... cm

COUNTRY: .....

TOWN: .....

HOSPITAL: .....

DOCTOR: .....

PATIENT NO: .....

DATE OF INTERVIEW:  
 .....YEAR.....MONTH.....DAY

SOCIOECONOMIC STATUS

**3. Education**

Source: NHANES 2015-16, Demographic background

3.1. What is the highest grade or level of school you have completed or the highest degree you have received?

Never attended / Kindergarten only / 1st Grade / 2nd Grade / 3rd Grade / 4th Grade / 5th Grade / 6th Grade / 7th Grade / 8th Grade / 9th Grade / 10th Grade / 11th Grade / 12th Grade, no diploma / High school graduate / Ged or equivalent / Some college, no degree / Associate degree: occupational, technical, or vocational program / Associate degree: academic program / Bachelor's Degree (example: Ba, Ab, Bs, Bba) / Master's Degree (example: Ma, Ms, Meng, Med, Mba) / Professional School Degree (example: Md, Dds, Dvm, Jd) / Doctoral Degree (Example: Phd, Edd) / Refused / Don't Know

3.2. How many years have you spent at school or in full time study? \_\_\_\_\_

**4. Occupation**

4.1. What is your current occupation? .....

4.2. What is your current employment status?

Employed for wages (full time work) / Employed for wages (part time work) / Self-employed  
 Out of work and looking for work → since:..... / Out of work but not currently looking for work → since:..... / A housewife / A student / Military / Retired → since:..... / Unable to work → since:.....

4.3. Please characterize your job:

Source: Federal Health Survey 1998

			Do you perceive it as a health threat?	
	Yes	No	Yes	No
Heavy physical labor				
Noise, dust, gases, vapors, "polluted" air				
Work stress (time pressure, concentration), worry about job security				
Overtime, long working hours				
Shift work/night shift				
shift work without night shift				
shift work with night shift				
always night shift				

4.4. How long have you been doing that work? ..... years .....month

**5. Income**

Monthly average income (net, €):

Less than 150 € / 150 € to 300 € / 300 € to 1000 € / 1000 € to 3500 € / 3500 € to 7500 € / over 7500 €  
/ No data

**6. Subjective Social Status**

Source: <http://www.macses.ucsf.edu/research/psychosocial/usladder.php>

Think of this ladder as representing where people stand in your country.

At the **top** of the ladder are the people who are the best off – those who have the most money, the most education and the most respected jobs.

At the **bottom** are the people who are the worst off – who have the least money, least education, and the least respected jobs or no job.

The higher up you are on this ladder, the closer you are to the people at the very top; the lower you are, the closer you are to the people at the very bottom.

***Where would you place yourself on this ladder?***

Please **place a large "X"** on the rung where you think you stand at this time in your life, relative to other people in your country.



---

FORM-A2: Personal Details, physical and socioeconomic status  
(changing, last month)

1. Did your *physical status* change **IN THE LAST MONTH BEFORE ENROLLMENT?**

yes / no

If yes, **when?** ..... hours/days ago

Do you think it has had any effect on your health? yes / no / do not know

Body weight:..... kg

BMI (calculated): .....

2. Did your *marital status* change **IN THE LAST MONTH** before enrollment?

yes /

no

If yes, **when?** ..... hours/days ago

Do you think it has had any effect on your health? yes / no / do not know

What is the changing in your marital status?

Divorce / Marital separation / Death of spouse / Other:.....

3. Did your *socioeconomic status* change **IN THE LAST MONTH** before enrollment?

yes /

no

If yes, **since when?** ..... hours/days ago

Do you think it has had any effect on your health/the start of your pain? yes / no / do not know

What is the changing in your socioeconomic status?

Change to a different line of work / Change in responsibilities at work / Spouse begins or stops work /  
Change in financial state / A large mortgage or loan / Change in residence / Other:.....

## FORM-B1: Details from the medical history (general, last year)

Source: Acute Pancreatitis Questionnaire (Registry for Pancreatic Patients by Hungarian Pancreatic Study Group)

**1. Alcohol consumption:** yes / no / no data

If yes: frequency: occasionally / monthly / weekly / daily

amount (per occasion): ..... g

for how many years: .....

total alcohol consumption in the last 2 weeks: ..... g

If not: did you drink alcohol earlier? yes / no / no data

If yes: frequency: occasionally / monthly / weekly / daily

amount (per occasion): ..... g

for how many years: .....

how long ago did he/she stop drinking alcohol? .....

*Guide for estimation of the amount:*

*1 dl beer (4.5 vol. %) = ~3.5 g alcohol*

*1 dl wine (12.5 vol. %) = ~10 g alcohol*

*1 dl hard drink (50 vol. %) = ~40 g alcohol*

**2. Smoking:** yes / no / no data

If yes: frequency: occasionally / monthly / weekly / daily

amount (cigarettes/day): .....

for how many years: .....

If not: did you smoke earlier? yes / no / no data

If yes: frequency: occasionally / monthly / weekly / daily

amount (cigarettes/day): .....

for how many years: .....

how long ago did he/she stop smoking? .....

**3. Drug abuse:** yes / no / no data

If yes: type of drug: .....

frequency: occasionally / monthly / weekly / daily

amount (per occasion): .....

for how many years: .....

**4. Diabetes mellitus:** yes / no

if yes: type: Type I. / Type II./Type III. c / MODY

since when (year):.....

**5. Lipid metabolism disorder:** yes / no

if yes: type: ..... since when (year):.....

**6. Any disease of the pancreas:** yes / no

if yes: acute pancreatitis - EXCLUSION!

chronic pancreatitis/ autoimmune pancreatitis/ tumor/ other - EXCLUSION!

if other: please describe:.....

**7. Other illnesses:** yes / no

if yes, describe them:

name of disease: .....

Date or Since when: .....

name of disease: .....

Date or Since when: .....

name of disease: .....

Date or Since when: .....

name of disease: .....

Date or Since when: .....

**8. Medications taken regularly:** yes / no

Please specify the name of the active substance (e.g. "acetylsalicylic acid"). Please specify the amount using the International System of Units –SI (e.g. milligram, gram)

if yes:

name: .....active substance:.....dose(gram,milligram, etc.).....

if fluid, concentration (e.g. 10%, 1g/2ml, etc.).....how many times per day (e.g. 3) type of administration:.....other notes: .....

since when: .....

name:.....active substance:.....dose(gram,milligram, etc.).....

if fluid, concentration (e.g. 10%, 1g/2ml, etc.).....how many times per day (e.g. 3) type of administration:.....other notes: .....

since when: .....

name:.....active substance:.....dose(gram,milligram, etc.).....

if fluid, concentration (e.g. 10%, 1g/2ml, etc.).....how many times per day (e.g. 3) type of

administration:.....other notes: .....

since when: .....

**9. Diet:**            yes / no

if yes: please describe:.....

**10. Any other details in the medical history:**

.....  
.....



## FORM-B2: Details from the medical history (changing, last month)

1. Did your *alcohol consumption* change **IN THE LAST MONTH BEFORE ENROLLMENT**? yes / no

If yes, **since when?** ..... hours/days ago

Do you think it has had any effect on your health? yes / no / do not know

frequency: occasionally / monthly / weekly / daily

amount (per occasion): ..... g

2. Did your *smoking* change **IN THE LAST MONTH** before enrollment? yes / no

If yes, **since when?** ..... hours/days ago

Do you think it has had any effect on your health? yes / no / do not know

frequency: occasionally / monthly / weekly / daily

amount (cigarettes/day): .....

3. Did your *drug abuse* change **IN THE LAST MONTH** before enrollment? yes / no

If yes, **since when?** ..... hours/days ago

Do you think it has had any effect on your health? yes / no / do not know

type of drug: .....

frequency: occasionally / monthly / weekly / daily

amount(per occasion): .....

4. Did your *medication* change **IN THE LAST MONTH** before enrollment? yes / no

If yes:

name: .....active substance:.....dose(gram,milligram, etc.).....

if fluid, concentration (e.g. 10%, 1g/2ml, etc.).....how many times per day (e.g. 3) type of administration:.....other notes: .....

since when: .....

name: .....active substance:.....dose(gram,milligram, etc.).....

if fluid, concentration (e.g. 10%, 1g/2ml, etc.).....how many times per day (e.g. 3) type of administration:.....other notes: .....

---

**FORM-C1: Food Frequency Questionnaire (general, last year)**

**Source:** Diet History Questionnaire, Version 2.0. National Institutes of Health, Epidemiology and Genomics Research Program, National Cancer Institute. 2010.

Diet History Questionnaire, Version 2.0. National Institutes of Health, Epidemiology and Genomics Research Program, National Cancer Institute. 2010.

DHQ Nutrient Database. *dhq2.database.092914.csv*. National Cancer Institute, Epidemiology and Genomics Research Program.

**Reliability and validity:**

Thompson FE, Subar AF, Brown CC, Smith AF, Sharbaugh CO, Jobe JB, Mittl B, Gibson JT, Ziegler RG. Cognitive research enhances accuracy of food frequency questionnaire reports: results of an experimental validation study. *Journal of the American Dietetic Association*. 2002 Feb;102(2):212-25.

Subar AF1, Thompson FE, Kipnis V, Midthune D, Hurwitz P, McNutt S, McIntosh A, Rosenfeld S. Comparative validation of the Block, Willett, and National Cancer Institute food frequency questionnaires : the Eating at America's Table Study. *American Journal of Epidemiology*. 2001 Dec 15;154(12):1089-99.

Subar AF, Kipnis V, Troiano RP, Midthune D, Schoeller DA, Bingham S, Sharbaugh CO, Trabulsi J, Runswick S, Ballard-Barbash R, Sunshine J, Schatzkin A. Using intake biomarkers to evaluate the extent of dietary misreporting in a large sample of adults: the OPEN study. *American Journal of Epidemiology*. 2003 Jul 1;158(1):1-13.

Kipnis V, Subar AF, Midthune D, Freedman LS, Ballard-Barbash R, Troiano RP, Bingham S, Schoeller DA, Schatzkin A, Carroll RJ. Structure of dietary measurement error: results of the OPEN biomarker study. *American Journal of Epidemiology*. 2003 Jul 1;158(1):14-21; discussion 22-6.

File: *dhq2\_pastyear*

## FORM-C2: Food Frequency Questionnaire (changing, last month)

Did your dietary habits change **IN THE LAST MONTH BEFORE ENROLLMENT?** yes / no

If yes, **since when?** ..... hours/days ago

Do you think it has had any effect on your health? yes / no / do not know

*Did you eat or drink different from your regular eating habit? Please choose these drinks and foods! Please select the type and estimate the amount!*

**1. DRINKS**

Name	Amount	Unit
Carrot juice		L
Tomato juice or other vegetable juice		L
Orange juice or grapefruit juice		L
Other 100% fruit juice or 100% fruit juice mixtures		L
Other fruit drinks: .....		L
Milk (as a beverage)		L
Kind of milk: whole milk / 2% fat milk / 1 % fat milk / skim, nonfat, or ½% fat milk / soy milk / rice milk / other milk: .....		
Chocolate milk (including hot chocolate) / reduced- fat or fat-free chocolate milk		L
Meal replacement or high-protein beverages		L
Soda or pop / diet or sugar-free soda or pop / caffeine-free soda or pop		L
Sports drinks		L
Energy drinks		L
Beer		L
Tap water / bottled, sweetened water / bottled, unsweetened water		L
Wine or wine coolers		L
Liquor or mixed drinks		L
Caffeinated coffee / decaffeinated coffee		L
Caffeinated cold or iced tea / decaffeinated or herbal cold or iced tea		L
Presweetened cold or ice tea: with sugar or honey / with artificial sweeteners		
Caffeinated hot tea / decaffeinated or herbal hot tea		L
OTHER kinds of drink: .....		L
OTHER kinds of drink: .....		L

**2. FRUITS**

Name	Amount	Unit
Apples		piece/g
Pears		piece/g
Bananas		piece/g
Dried fruit		piece/g
Peaches, nectarines, or plums		piece/g
Grapes		piece/g
Cantaloupe		piece/g
Melon, other than cantaloupe		piece/g
Strawberries		piece/g
Oranges, tangerines, or clementines		piece/g
Grapefruit		piece/g
Pineapple		piece/g
OTHER kinds of fruit: .....		piece/g
OTHER kinds of fruit: .....		piece/g

**3. VEGETABLES**

Fats were usually added to your vegetables **during cooking**:

margarine / butter / lard, fatback, or bacon fat / olive oil / corn oil / canola or rapeseed oil / oil spray, such as Pam or others / other kinds of oils: ..... / none of the above.

**Amount:** ..... teaspoons.

Fats, sauces, or dressings were usually added to vegetables **after cooking or at the table**:

margarine / butter / lard, fatback, or bacon fat / salad dressing / cheese sauce / white sauce / other:..... / none of the above.

**Amount:** ..... teaspoons.

Name	Amount	Unit
Cooked greens (such as spinach, turnip, collard, mustard, chard or kale)		piece/g
Raw greens (such as spinach, turnip, collard, mustard, chard or kale)		piece/g
Coleslaw		piece/g
Sauerkraut or cabbage		piece/g
Carrots		piece/g
String beans or green beans		piece/g
Peas		piece/g
Corn		piece/g
Broccoli		piece/g
Cauliflower or Brussels sprouts		piece/g
Asparagus		piece/g
Winter squash (such as pumpkin, butternut or acorn)		piece/g
Mixed vegetables		piece/g
Onions		piece/g
Sweet peppers (green, red or yellow)		piece/g
Fresh tomatoes		piece/g
Lettuce salads / lettuce salads include dark green lettuce		piece/g
Salad dressing on salads		piece/g
Sweet potatoes or yams		piece/g
French fries, home fries, hash browned potatoes, or tater tots		piece/g
Potato salad		piece/g
Baked, boiled, or mashed potatoes		piece/g
Sour cream added to your potatoes / margarine added to your potatoes / butter added to your potatoes / cheese or cheese sauce added to your potatoes / n/a		
Salsa		piece/g
Catsup		piece/g
Stuffing, dressing, or dumplings		piece/g
Chili		piece/g
Cooked dried beans / refried beans, beans prepared with any type of fat, or with meat added		piece/g
OTHER kinds of vegetable: .....		piece/g
OTHER kinds of vegetable: .....		piece/g
OTHER kinds of vegetable: .....		piece/g

**4. OTHER FOODS**

Oil, butter, margarine, or other fat used to fry, saute, baste, or marinate any meat, poultry, or fish:  
margarine (including low-fat) / butter (including low-fat) / lard, fatback, or bacon fat / olive oil / corn oil / canola or rapeseed oil / oil spray (such as Pam or others) / other kinds of oils / none of the above

*Please select the type of foods and fill the amount and unit.*

Name	Amount	Unit
Oatmeal, grits, or other cooked cereal		
Butter or margarine added to oatmeal, grits, or other cooked cereal: YES / NO		
Cold cereal: .....		
Kind of milk added to your cold cereal: whole milk / 2% fat milk / 1 % fat milk / skim, nonfat, or ½% fat milk / soy milk / rice milk / other: ..... / n/a		
Applesauce		
Mexican foods (such as tacos, tostados, burritos, tamales, fajitas, enchiladas, quesadillas, and chimichangas)		
Rice or other cooked grains (such as bulgur, cracked wheat, or millet)		
Butter, margarine, or oil added to your rice or other cooked grains: YES / NO		
Pancakes, waffles, or French toast		
Margarine added to your pancakes, waffles, or French toast: YES / NO		
Butter added to your pancakes, waffles, or French toast: YES / NO		
Syrup added to your pancakes, waffles, or French toast: YES / NO		
Lasagna, stuffed shells, stuffed manicotti, ravioli, or tortellini		
Macaroni and cheese		
Pasta salad or macaroni salad		
Pasta, spaghetti, or other noodles with tomato sauce or spaghetti sauce made: WITH meat / WITHOUT meat		
Pasta, spaghetti, or other noodles with margarine, butter, oil, or cream sauce		
Bagels or English muffins / whole wheat bagels or English muffins		
Margarine added to your bagels or English muffins: YES / NO		
Butter added to your bagels or English muffins: YES / NO		
Cream cheese spread on your bagels or English muffins: YES / NO		
Breads or rolls		
White bread		
Mayonnaise or mayonnaise-type dressing added to the breads or rolls: YES / NO		
Margarine added to the breads or rolls: YES / NO		
Butter added to the breads or rolls: YES / NO		
Cream cheese added to your breads or rolls: YES / NO		
Jam, jelly, or honey on bagels, muffins, bread, rolls, or crackers		
Peanut butter or other nut butter		
Roast beef or steak in sandwiches		
Turkey or chicken cold cuts (such as loaf, luncheon meat, turkey ham, turkey salami, or turkey pastrami)		
Luncheon or deli-style ham / light, low-fat, or fat-free luncheon or deli-style ham		
Other cold cuts or luncheon meats (such as bologna, salami, corned beef, pastrami) / light, low-fat, or fat-free other cold cuts or luncheon meats		
Canned tuna / water-packed canned tuna / canned tuna prepared with mayonnaise or other dressing		
Ground chicken or turkey		
Beef hamburgers or cheeseburgers from a FAST FOOD or OTHER RESTAURANT: Cheeseburgers / Hamburgers AND small / medium / large		
Beef hamburgers or cheeseburgers that were NOT FROM A FAST FOOD or OTHER RESTAURANT		

Beef hamburgers or cheeseburgers made with lean ground beef		
Ground beef in mixtures (such as meatballs, casseroles, chili, or meatloaf)		
Hot dogs or frankfurters / light or low-fat hot dogs or frankfurters		
Beef mixtures (such as beef stew, beef pot pie, beef and noodles, or beef and vegetables)		
Roast beef or pot roast		
Steak (beef) / lean steak		
Pork or beef spareribs		
Roast turkey, turkey cutlets, or turkey nuggets		
Chicken mixtures (such as salads, sandwiches, casseroles, stews, or other mixtures)		
Baked, broiled, roasted, stewed, or fried chicken: fried chicken (including deep fried) or chicken nuggets / WHITE meat / Chicken WITH skin		
Baked ham or ham steak		
Pork (including chops, roasts, and in mixed dishes)		
Gravy on meat, chicken, potatoes, rice, etc.		
Liver (all kinds) or liverwurst		
Bacon / light, low-fat, or lean bacon		
Sausage / light, low-fat, or lean sausage		
Fried shellfish / not fried shellfish		
Salmon, fresh tuna or trout		
Fish sticks or other fried fish / Not fried other fish		
Tofu, soy burgers, or soy meat-substitutes		
Bean soups / cream soups / tomato or vegetable soups / broth soups (including chicken) with or without noodles or rice		
Pizza / pizza with pepperoni, sausage, or other meat		
Crackers		
Corn bread or corn muffins		
Biscuits		
Potato chips / fat-free potato chips		
Corn chips or tortilla chips / fat-free corn chips or tortilla chips		
Popcorn		
Pretzels		
Peanuts, walnuts, seeds, or other nuts		
Energy, high-protein, or breakfast bars		
Yogurt / low-fat or fat-free yogurt		
Cottage cheese		
Cheese / low-fat or fat-free cheese		
Frozen yogurt, sorbet, or ices		
Ice cream, ice cream bars, or sherbet / light, low-fat, or fat-free ice cream or sherbet		
Cake		
Cookies or brownies		
Doughnuts, sweet rolls, Danish, or pop-tarts		
Sweet muffins or dessert breads		
Fruit crisp, cobbler, or strudel		
Pie / fruit pie / cream, pudding, custard, or meringue pie / pumpkin or sweet potato pie / pecan pie		
Chocolate candy		
Other candy		
Regular whole eggs / egg substitutes or egg whites only		
Egg was cooked in oil, butter, or margarine: YES / NO		
Egg was part of egg salad: YES / NO		
OTHER food: .....		
OTHER food: .....		
OTHER food: .....		
OTHER food: .....		
OTHER food: .....		

## FORM-D1: Physical Activity Questionnaire (general, last year)

**Source:** International Physical Activity Questionnaire (long, usual week, self-administered format and short, last week, self-administered format)

**Reliability and validity:** Craig CL et al. International Physical Activity Questionnaire: 12-Country Reliability and Validity (2003) In: *Medicine & Science in Sports & Exercise*, Issue: Volume 35(8), August 2003, pp 1381-1395

We are interested in finding out about the kinds of physical activities that people do as part of their everyday lives. The questions will ask you about the time you spent being physically active on a **usual week**. Please answer each question even if you do not consider yourself to be an active person. Please think about the activities you do at work, as part of your house and yard work, to get from place to place, and in your spare time for recreation, exercise or sport.

Think about all the **vigorous** and **moderate** activities that you do on a **usual week**. **Vigorous** physical activities refer to activities that take hard physical effort and make you breathe much harder than normal. **Moderate** activities refer to activities that take moderate physical effort and make you breathe somewhat harder than normal.

**PART 1: JOB-RELATED PHYSICAL ACTIVITY**

*The first section is about your work. This includes paid jobs, farming, volunteer work, course work, and any other unpaid work that you did outside your home. Do not include unpaid work you might do around your home, like housework, yard work, general maintenance, and caring for your family. These are asked in Part 3.*

1. Do you currently have a job or do any unpaid work outside your home?
- Yes
- No → **Skip to PART 2: TRANSPORTATION**

*The next questions are about all the physical activity you do on a **usual week** as part of your paid or unpaid work. This does not include traveling to and from work.*

2. During a **usual week**, on how many days did you do **vigorous** physical activities like heavy lifting, digging, heavy construction, or climbing up stairs as part of your **work**? Think about only those physical activities that you did for at least 10 minutes at a time.
- \_\_\_\_\_ days per week
- No vigorous job-related physical activity → **Skip to question 4**
3. How much time did you usually spend on one of those days doing **vigorous** physical activities as part of your **work**?
- \_\_\_\_\_ hours per day          \_\_\_\_\_ minutes per day
4. Again, think about only those physical activities that you did for at least 10 minutes at a time. During a **usual week**, on how many days did you do **moderate** physical activities like carrying light loads as part of your **work**? Please do not include walking.
- \_\_\_\_\_ days per week

No moderate job-related physical activity → *Skip to question 6*

5. How much time did you usually spend on one of those days doing **moderate** physical activities as part of your work?

\_\_\_\_\_ hours per day          \_\_\_\_\_ minutes per day

6. During a **usual week**, on how many days did you **walk** for at least 10 minutes at a time as part of your **work**? Please do not count any walking you did to travel to or from work.

\_\_\_\_\_ days per week

No job-related walking → *Skip to PART 2: TRANSPORTATION*

7. How much time did you usually spend on one of those days **walking** as part of your **work**?

\_\_\_\_\_ hours per day          \_\_\_\_\_ minutes per day

### **PART 2: TRANSPORTATION PHYSICAL ACTIVITY**

*These questions are about how you traveled from place to place, including to places like work, stores, movies, and so on.*

8. During a **usual week**, on how many days did you **travel in a motor vehicle** like a train, bus, car, or tram?

\_\_\_\_\_ days per week

No traveling in a motor vehicle → *Skip to question 10*

9. How much time did you usually spend on one of those days **traveling** in a train, bus, car, tram, or other kind of motor vehicle?

\_\_\_\_\_ hours per day          \_\_\_\_\_ minutes per day

*Now think only about the **bicycling** and **walking** you might have done to travel to and from work, to do errands, or to go from place to place.*

10. During a **usual week**, on how many days did you **bicycle** for at least 10 minutes at a time to go **from place to place**?

\_\_\_\_\_ days per week

No bicycling from place to place → *Skip to question 12*

11. How much time did you usually spend on one of those days to **bicycle from place to place**?

\_\_\_\_\_ hours per day          \_\_\_\_\_ minutes per day

12. During a **usual week**, on how many days did you **walk** for at least 10 minutes at a time to go **from place to place**?

\_\_\_\_\_ days per week

No walking from place to place → *Skip to PART 3: HOUSEWORK, HOUSE MAINTENANCE, AND CARING FOR FAMILY*



13. How much time did you usually spend on one of those days **walking from place to place**?  
 \_\_\_\_\_ hours per day      \_\_\_\_\_ minutes per day

**PART 3: HOUSEWORK, HOUSE MAINTENANCE, AND CARING FOR FAMILY**

*This section is about some of the physical activities you do during a usual week in and around your home, like housework, gardening, yard work, general maintenance work, and caring for your family.*

14. Think about only those physical activities that you did for at least 10 minutes at a time. During a **usual week**, on how many days did you do **vigorous** physical activities like heavy lifting, chopping wood, shoveling snow, or digging in the **garden or yard**?

\_\_\_\_\_ days per week

No vigorous activity in garden or yard      → **Skip to question 16**

15. How much time did you usually spend on one of those days doing **vigorous** physical activities in the **garden or yard**?

\_\_\_\_\_ hours per day      \_\_\_\_\_ minutes per day

16. Again, think about only those physical activities that you did for at least 10 minutes at a time. During a **usual week**, on how many days did you do **moderate** activities like carrying light loads, sweeping, washing windows, and raking in the **garden or yard**?

\_\_\_\_\_ days per week

No moderate activity in garden or yard      → **Skip to question 18**

17. How much time did you usually spend on one of those days doing **moderate** physical activities in the **garden or yard**?

\_\_\_\_\_ hours per day      \_\_\_\_\_ minutes per day

18. Once again, think about only those physical activities that you did for at least 10 minutes at a time. During a **usual week**, on how many days did you do **moderate** activities like carrying light loads, washing windows, scrubbing floors and sweeping **inside** your home?

\_\_\_\_\_ days per week

No moderate activity inside home      → **Skip to PART 4: RECREATION, SPORT AND LEISURE-TIME PHYSICAL ACTIVITY**

19. How much time did you usually spend on one of those days doing **moderate** physical activities **inside** your home?

\_\_\_\_\_ hours per day      \_\_\_\_\_ minutes per day

**PART 4: RECREATION, SPORT, AND LEISURE-TIME PHYSICAL ACTIVITY**

*This section is about all the physical activities that you do on **usual week** solely for recreation, sport, exercise or leisure. Please do not include any activities you have already mentioned.*

20. Not counting any walking you have already mentioned, during a **usual week**, on how many days did you **walk** for at least 10 minutes at a time in your **leisure time**?

\_\_\_\_\_ days per week

No walking in leisure time → **Skip to question 22**

**21.** How much time did you usually spend on one of those days **walking** in your **leisure time**?

\_\_\_\_\_ hours per day          \_\_\_\_\_ minutes per day

**22.** Think about only those physical activities that you did for at least 10 minutes at a time. During a **usual week**, on how many days did you do **vigorous** physical activities like aerobics, running, fast bicycling, or fast swimming in your **leisure time**?

\_\_\_\_\_ days per week

No vigorous activity in leisure time → **Skip to question 24**

**23.** How much time did you usually spend on one of those days doing **vigorous** physical activities in your **leisure time**?

\_\_\_\_\_ hours per day          \_\_\_\_\_ minutes per day

**24.** Again, think about only those physical activities that you did for at least 10 minutes at a time. During a **usual week**, on how many days did you do **moderate** physical activities like bicycling at a regular pace, swimming at a regular pace, and doubles tennis in your **leisure time**?

\_\_\_\_\_ days per week

No moderate activity in leisure time → **Skip to PART 5: TIME SPENT SITTING**

**25.** How much time did you usually spend on one of those days doing **moderate** physical activities in your **leisure time**?

\_\_\_\_\_ hours per day          \_\_\_\_\_ minutes per day

#### **PART 5: TIME SPENT SITTING**

*The last questions are about the time you spend sitting while at work, at home, while doing course work and during leisure time. This may include time spent sitting at a desk, visiting friends, reading or sitting or lying down to watch television. Do not include any time spent sitting in a motor vehicle that you have already told me about.*

**26.** During a **usual week**, how much time did you usually spend **sitting** on a **weekday**?

\_\_\_\_\_ hours per day          \_\_\_\_\_ minutes per day

**27.** During a **usual week**, how much time did you usually spend **sitting** on a **weekend day**?

\_\_\_\_\_ hours per day          \_\_\_\_\_ minutes per day

## FORM-D2: Physical Activity Questionnaire (changing, last month)

Did your usual physical activity change **IN THE LAST MONTH BEFORE ENROLLMENT?** yes / no

If yes, **since when?** ..... hours/days ago

Do you think it has had any effect on your health? yes / no / do not know

**PART 1: JOB-RELATED PHYSICAL ACTIVITY**

Did your **vigorous** physical activities as part of your **work change?** yes / no

**If yes:**

- (2.) How many days did you do vigorous physical activities like heavy lifting, digging, heavy construction, or climbing up stairs as part of your work? Think about only those physical activities that you did for at least 10 minutes at a time.

\_\_\_\_\_ days per week

No vigorous job-related physical activity → **Skip to question 4**

- (3.) How much time did you usually spend on one of those days doing **vigorous** physical activities as part of your **work?**

\_\_\_\_\_ hours per day          \_\_\_\_\_ minutes per day

Did your **moderate** physical activities as part of your **work change?** yes / no

**If yes:**

- (4.) How many days did you do moderate physical activities like carrying light loads as part of your work? Please do not include walking.

\_\_\_\_\_ days per week

No moderate job-related physical activity → **Skip to question 6**

- (5.) How much time did you usually spend on one of those days doing **moderate** physical activities as part of your work?

\_\_\_\_\_ hours per day          \_\_\_\_\_ minutes per day

Did your **walking** as part of your **work change?** yes / no

**If yes:**

- (6.) How many days did you **walk** for at least 10 minutes at a time **as part of your work?** Please do not count any walking you did to travel to or from work.

\_\_\_\_\_ days per week

No job-related walking → **Skip to PART 2: TRANSPORTATION**

- (7.) How much time did you usually spend on one of those days **walking** as part of your work?

\_\_\_\_\_ hours per day          \_\_\_\_\_ minutes per day

**PART 2: TRANSPORTATION PHYSICAL ACTIVITY**

Did your **travelling** in a motor vehicle **change**?                      yes / no

**If yes:**

**(8.)** How many days did you **travel in a motor vehicle** like a train, bus, car, or tram?

\_\_\_\_\_ days per week

No traveling in a motor vehicle                      → **Skip to question 10**

**(9.)** How much time did you usually spend on one of those days **traveling** in a train, bus, car, tram, or other kind of motor vehicle?

\_\_\_\_\_ hours per day                      \_\_\_\_\_ minutes per day

Did your **bicycling from place to place** **change**?                      yes / no

**If yes:**

**(10.)** How many days did you **bicycle** for at least 10 minutes at a time to go **from place to place**?

\_\_\_\_\_ days per week

No bicycling from place to place                      → **Skip to question 12**

**(11.)** How much time did you usually spend on one of those days to **bicycle** from place to place?

\_\_\_\_\_ hours per day                      \_\_\_\_\_ minutes per day

Did your **walking from place to place** **change**?                      yes / no

**If yes:**

**(12.)** How many days did you **walk** for at least 10 minutes at a time to go **from place to place**?

\_\_\_\_\_ days per week

No walking from place to place                      → **Skip to PART 3: HOUSEWORK, HOUSE MAINTENANCE, AND CARING FOR FAMILY**

**(13.)** How much time did you usually spend on one of those days **walking from place to place**?

\_\_\_\_\_ hours per day                      \_\_\_\_\_ minutes per day

**PART 3: HOUSEWORK, HOUSE MAINTENANCE, AND CARING FOR FAMILY**

Did your **vigorous** physical activities in the **garden or yard** **change**?                      yes / no

**If yes:**

**(14.)** How many days did you do **vigorous** physical activities like heavy lifting, chopping wood, shoveling snow, or digging in the **garden or yard**?

\_\_\_\_\_ days per week

No vigorous activity in garden or yard                      → **Skip to question 16**

(15.) How much time did you usually spend on one of those days doing **vigorous** physical activities in the **garden or yard**?

\_\_\_\_\_ hours per day                  \_\_\_\_\_ minutes per day

Did your **moderate** physical activities **in the garden or yard** change?    yes / no

**If yes:**

(16.) How many days did you do **moderate** activities like carrying light loads, sweeping, washing windows, and raking in the **garden or yard**?

\_\_\_\_\_ days per week

No moderate activity in garden or yard                  **→ Skip to question 18**

(17.) How much time did you usually spend on one of those days doing **moderate** physical activities in the **garden or yard**?

\_\_\_\_\_ hours per day                  \_\_\_\_\_ minutes per day

Did your **moderate** physical activities **inside** your home change?    yes / no

**If yes:**

(18.) How many days did you do **moderate** activities like carrying light loads, washing windows, scrubbing floors and sweeping **inside** your home?

\_\_\_\_\_ days per week

No moderate activity inside home    **→ Skip to PART 4: RECREATION, SPORT AND LEISURE-TIME PHYSICAL ACTIVITY**

(19.) How much time did you usually spend on one of those days doing **moderate** physical activities **inside** your home?

\_\_\_\_\_ hours per day                  \_\_\_\_\_ minutes per day

#### **PART 4: RECREATION, SPORT, AND LEISURE-TIME PHYSICAL ACTIVITY**

Did your **walking** in your **leisure time** change?                  yes / no

**If yes:**

(20.) How many days did you **walk** for at least 10 minutes at a time in your **leisure time**?

\_\_\_\_\_ days per week

No walking in leisure time                  **→ Skip to question 22**

(21.) How much time did you usually spend on one of those days **walking** in your **leisure time**?

\_\_\_\_\_ hours per day                  \_\_\_\_\_ minutes per day

Did your **vigorous** physical activities in your **leisure time** change?    yes / no

**If yes:**

(22.) How many days did you do **vigorous** physical activities like aerobics, running, fast bicycling, or fast swimming in your **leisure time**?

\_\_\_\_\_ days per week

No vigorous activity in leisure time → *Skip to question 24*

(23.) How much time did you usually spend on one of those days doing **vigorous** physical activities in your **leisure time**?

\_\_\_\_\_ hours per day \_\_\_\_\_ minutes per day

Did your **moderate** physical activities in your **leisure time** change?      yes / no

**If yes:**

(24.) How many days did you do **moderate** physical activities like bicycling at a regular pace, swimming at a regular pace, and doubles tennis in your **leisure time**?

\_\_\_\_\_ days per week

No moderate activity in leisure time → *Skip to PART 5: TIME SPENT SITTING*

(25.) How much time did you usually spend on one of those days doing **moderate** physical activities in your **leisure time**?

\_\_\_\_\_ hours per day \_\_\_\_\_ minutes per day

#### **PART 5: TIME SPENT SITTING**

Did your time spent **sitting** change?      yes / no

**If yes:**

(26.) How much time did you spend **sitting** on a **weekday**?

\_\_\_\_\_ hours per day \_\_\_\_\_ minutes per day

(27.) How much time did you spend **sitting** on a **weekend day**?

\_\_\_\_\_ hours per day \_\_\_\_\_ minutes per day

## FORM-E1: Stress Questionnaire (general, last year)

**Source, reliability and validity:** *Perceived Stress Scale (10 item)*. Cohen S et al. *A Global Measure of Perceived Stress (1983)* In: *Journal of Health and Social Behavior* Vol. 24, No. 4 (Dec, 1983), 385-396.

The questions in this scale ask you about your feelings and thoughts **GENERALLY**. In each case, you will be asked to indicate by circling *how often* you felt or thought a certain way.

0 = Never      1 = Almost Never      2 = Sometimes      3 = Fairly Often      4 = Very Often

- |   |   |   |   |   |   |
|---|---|---|---|---|---|
| 1. In general, how often have you been upset because of something that happened unexpectedly?                 | 0 | 1 | 2 | 3 | 4 |
| 2. In general, how often have you felt that you were unable to control the important things in your life?     | 0 | 1 | 2 | 3 | 4 |
| 3. In general, how often have you felt nervous and “stressed”?  | 0 | 1 | 2 | 3 | 4 |
| 4. In general, how often have you felt confident about your ability to handle your personal problems?         | 0 | 1 | 2 | 3 | 4 |
| 5. In general, how often have you felt that things were going your way?                                       | 0 | 1 | 2 | 3 | 4 |
| 6. In general, how often have you found that you could not cope with all the things that you had to do?       | 0 | 1 | 2 | 3 | 4 |
| 7. In general, how often have you been able to control irritations in your life?                              | 0 | 1 | 2 | 3 | 4 |
| 8. In general, how often have you felt that you were on top of things?  | 0 | 1 | 2 | 3 | 4 |
| 9. In general, how often have you been angered because of things that were outside of your control?           | 0 | 1 | 2 | 3 | 4 |
| 10. In general, how often have you felt difficulties were piling up so high that you could not overcome them? | 0 | 1 | 2 | 3 | 4 |

FORM-E2: Stress Questionnaire (changing, last month)

Did your perceived stress change **IN THE LAST MONTH BEFORE ENROLLMENT?** yes / no

If yes, **since when?** ..... hours/days ago

Do you think it has had any effect on your health? yes / no / do not know

Please answer each question **FOR THIS PERIOD.**

- |   |   |   |   |   |   |
|---|---|---|---|---|---|
| (1.) How often have you been upset because of something that happened unexpectedly?                 | 0 | 1 | 2 | 3 | 4 |
| (2.) How often have you felt that you were unable to control the important things in your life?     | 0 | 1 | 2 | 3 | 4 |
| (3.) How often have you felt nervous and “stressed”?  | 0 | 1 | 2 | 3 | 4 |
| (4.) How often have you felt confident about your ability to handle your personal problems?         | 0 | 1 | 2 | 3 | 4 |
| (5.) How often have you felt that things were going your way?                                       | 0 | 1 | 2 | 3 | 4 |
| (6.) How often have you found that you could not cope with all the things that you had to do?       | 0 | 1 | 2 | 3 | 4 |
| (7.) How often have you been able to control irritations in your life?                              | 0 | 1 | 2 | 3 | 4 |
| (8.) How often have you felt that you were on top of things?  | 0 | 1 | 2 | 3 | 4 |
| (9.) How often have you been angered because of things that were outside of your control?           | 0 | 1 | 2 | 3 | 4 |
| (10.) How often have you felt difficulties were piling up so high that you could not overcome them? | 0 | 1 | 2 | 3 | 4 |

During the last month was there any traumatic event (e.g. Death of close family member or friend, personal injury or illness, retirement, sex difficulties)? yes / no

If yes: Date of event (year, month, day): .....

Please describe:.....  
 .....



---

**FORM-F1: Sleep Quality Questionnaire (general, last year)**

**Source, reliability and validity:** Pittsburgh Sleep Quality Index. Buysse DJ et al. The Pittsburgh Sleep Quality Index: a new instrument for psychiatric practice and research. (1989) In: *Psychiatry Research*, 28, 193-213.

**Instructions:**

The following questions relate to your usual sleep habits in general. Your answers should indicate the most accurate reply for the majority of days and nights in a usual month. Please answer all questions.

1. In general, when have you usually gone to bed at night?  
USUAL BED TIME: \_\_\_\_\_
2. In general, how long (in minutes) has it usually taken you to fall asleep each night?  
NUMBER OF MINUTES: \_\_\_\_\_
3. In general, when have you usually gotten up in the morning?  
USUAL GETTING UP TIME: \_\_\_\_\_
4. In general, how many hours of actual sleep did you get at night? (This may be different than the number of hours you spend in bed.)  
HOURS OF SLEEP PER NIGHT: \_\_\_\_\_

For each of the remaining questions, check the one best response. Please answer all questions.

5. In general, how often have you had trouble sleeping because you...
  - a) Cannot get to sleep within 30 minutes  
Not typical / Less than once a week / Once or twice a week / Three or more times a week
  - b) Wake up in the middle of the night or early morning  
Not typical / Less than once a week / Once or twice a week / Three or more times a week
  - c) Have to get up to use the bathroom  
Not typical / Less than once a week / Once or twice a week / Three or more times a week
  - d) Cannot breathe comfortably  
Not typical / Less than once a week / Once or twice a week / Three or more times a week
  - e) Cough or snore loudly  
Not typical / Less than once a week / Once or twice a week / Three or more times a week
  - f) Feel too cold

Not typical / Less than once a week / Once or twice a week / Three or more times a week

g) Feel too hot

Not typical / Less than once a week / Once or twice a week / Three or more times a week

h) Had bad dreams

Not typical / Less than once a week / Once or twice a week / Three or more times a week

i) Have pain

Not typical / Less than once a week / Once or twice a week / Three or more times a week

j) Other reason(s), please describe: .....

.....

How often during the past month have you had trouble sleeping because of this?

Not typical / Less than once a week / Once or twice a week / Three or more times a week

6. In general, how would you rate your sleep quality overall?

Very good / Fairly good / Fairly bad / Very bad

7. In general, how often have you taken medicine (prescribed or “over the counter”) to help you sleep?

Not typical / Less than once a week / Once or twice a week / Three or more times a week

8. In general, how often have you had trouble staying awake while driving, eating meals, or engaging in social activity?

Not typical / Less than once a week / Once or twice a week / Three or more times a week

9. In general, how much of a problem has it been for you to keep up enthusiasm to get things done?

No problem at all / Only a very slight problem / Somewhat of a problem / A very big problem

---

**FORM-F2: Sleep Quality Questionnaire (changing, last month)**

Did your sleep quality or sleeping habits change **IN THE LAST MONTH BEFORE ENROLLMENT?** yes / no

If yes, **since when?** ..... hours/days ago

Do you think it has had any effect on your health? yes / no / do not know

**(1.)** In this period, when have you usually gone to bed at night?

USUAL BED TIME: \_\_\_\_\_

**(2.)** In this period, how long (in minutes) has it usually take you to fall asleep each night?

NUMBER OF MINUTES: \_\_\_\_\_

**(3.)** In this period, when have you usually gotten up in the morning?

USUAL GETTING UP TIME: \_\_\_\_\_

**(4.)** In this period, how many hours of actual sleep did you get at night? (This may be different than the number of hours you spend in bed.)

HOURS OF SLEEP PER NIGHT: \_\_\_\_\_

*For each of the remaining questions, check the one best response. Please answer all questions.*

**(5.)** In this period, how often have you had trouble sleeping because you...

a) Cannot get to sleep within 30 minutes

Not during the past month / Less than once a week / Once or twice a week /  
Three or more times a week

b) Wake up in the middle of the night or early morning

Not during the past month / Less than once a week / Once or twice a week /  
Three or more times a week

c) Have to get up to use the bathroom

Not during the past month / Less than once a week / Once or twice a week /  
Three or more times a week

d) Cannot breathe comfortably

Not during the past month / Less than once a week / Once or twice a week /  
Three or more times a week

e) Cough or snore loudly

Not during the past month / Less than once a week / Once or twice a week /  
Three or more times a week

f) Feel too cold

Not during the past month / Less than once a week / Once or twice a week /  
Three or more times a week

g) Feel too hot

Not during the past month / Less than once a week / Once or twice a week /  
Three or more times a week

h) Had bad dreams

Not during the past month / Less than once a week / Once or twice a week /  
Three or more times a week

i) Have pain

Not during the past month / Less than once a week / Once or twice a week /  
Three or more times a week

j) Other reason(s), please describe: .....

.....

How often during the past month have you had trouble sleeping because of this?

Not during the past month / Less than once a week / Once or twice a week /  
Three or more times a week

**(6.)** In this period, how would you rate your sleep quality overall?

Very good / Fairly good / Fairly bad / Very bad

**(7.)** In this period, how often have you taken medicine (prescribed or “over the counter”) to help you sleep?

Not during the past month / Less than once a week / Once or twice a week / Three or more times a week

**(8.)** In this period, how often have you had trouble staying awake while driving, eating meals, or engaging in social activity?

Not during the past month / Less than once a week / Once or twice a week / Three or more times a week

**(9.)** In this period, how much of a problem has it been for you to keep up enthusiasm to get things done?

No problem at all / Only a very slight problem / Somewhat of a problem / A very big problem