RESPIRATORY HEALTH IN NORTHERN EUROPE

1. What is your birth date? ..... /..... /.....
   day month year

2. What is today's date? ..... /..... /.....
   day month year

3. Are you male or female? ☐ Male ☐ Female

RESPIRATORY SYMPTOMS

4. Have you had wheezing or whistling in your chest at any time in the last 12 months? ☐ No ☐ Yes

   If NO go to question 5, if YES::

   4.1 Have you been at all breathless when the wheezing noise was present? ☐ No ☐ Yes

   4.2 Have you had this wheezing or whistling when you did not have a cold? ☐ No ☐ Yes

5. Have you woken up with a feeling of tightness in your chest at any time in the last 12 months? ☐ No ☐ Yes

6. Have you been woken by an attack of shortness of breath at any time in the last 12 months? ☐ No ☐ Yes

7. Have you been woken by an attack of coughing at any time in the last 12 months? ☐ No ☐ Yes

8. Have you had an attack of asthma in the last 12 months? ☐ No ☐ Yes

9. Are you currently taking any medicine (including inhalers, aerosols or tablets) for asthma? ☐ No ☐ Yes

10. Do you have any nasal allergies including hay fever? ☐ No ☐ Yes

11. Do you get breathless with strenuous exercise? ☐ No ☐ Yes

12. Do you get short of breath when hurrying on the level or walking up a slight hill? ☐ No ☐ Yes

13. Do you walk slower than people of the same age on the level because of breathlessness, or do you have to stop for breath when walking on your own pace on the level? ☐ No ☐ Yes

14. Do you stop for breath after walking about 100 metres or after a few minutes on the level? ☐ No ☐ Yes

15. Are you too breathless to leave the house or are you breathless when dressing or undressing? ☐ No ☐ Yes

16. How tall are you? ..... cm

17. How much do you weigh? ..... kg

18. What is your waist circumference? ..... cm

19. In recent years, have you been troubled by a protracted cough? ☐ No ☐ Yes

20. Do you usually bring up phlegm or do you have phlegm in your lungs which you have difficulty bringing up? ☐ No ☐ Yes

If NO go to question 21, if YES:

20.1 Do you bring up phlegm in this way almost every day for at least three months every year? ☐ No ☐ Yes

20.2 Have you had periods of this kind for at least two years in a row? ☐ No ☐ Yes

20.3 How old were you when these problems began? ..... years

21. Does your voice tire, strain or get hoarse when you talk? Disregard symptoms that depend on current cold or upper-airway infection. The voice symptoms may vary but try to estimate an average.

☐ No ☐ Yes, to a small extent ☐ Yes, to a great extent

SMOKING HABITS

22. Are you a smoker (this applies even if you only smoke the odd cigarette/cigar or pipe every week)? ☐ No ☐ Yes

23. Are you an ex-smoker? ☐ No ☐ Yes

24. Have you ever used any other nicotine containing products on a regular basis? ☐ No ☐ Yes

If NO to questions 22, 23 and 24 go to question 25, if YES to any of the above:

24.1 How much do or did you smoke, or how many portions of snus do/did you use? Please provide an average.

..... cigarettes/day ..... e-cigarettes/day ..... cigars/week

..... pkts pipe tobacco/week ..... portions snus/day

..... waterpipe sessions/week

24.2 Have you ever used quitting aids such as nicotine replacement products? ☐ No ☐ Yes

24.3 For how many years have you been smoking? (applies to both smokers and ex-smokers) ..... years

24.4 How old were you when you started smoking? ..... years

24.5 If you are an ex-smoker, when did you stop smoking? ..... (year)

24.6 Used snus for ..... years (applies both if you currently use snus or if you previously used snus)

24.7 How old were you when you started using snus? ..... years

24.8 When did you stop using snus? ..... (year)

UPPER AND LOWER AIRWAYS

25. Do you have or have you ever had asthma? ☐ No ☐ Yes

If NO go to question 26, if YES:

25.1 Have you ever had asthma diagnosed by a doctor? ☐ No ☐ Yes

25.2 How old were you when you first experienced asthma symptoms? ..... years

25.3 In which year did you last experience asthma symptoms? ..... (year)

26. Has a doctor ever told that you have COPD? ☐ No ☐ Yes

27. Have you ever experienced nasal symptoms such as nasal congestion, rhinorrvoea (runny nose) and/or sneezing attacks without having a cold? ☐ No ☐ Yes

If NO go to question 28, if YES:

27.1 How old were you when you experienced them for the first time? ..... years

27.2 Have you had these kinds of nasal symptoms in the last 12 months? ☐ No ☐ Yes

27.3 At which time of the year are your nasal symptoms worst?

☐ Spring ☐ Summer ☐ Autumn ☐ Winter ☐ Always ☐ Don´t know

28. Has your nose been blocked for more than 12 consecutive weeks during the last 12 months? ☐ No ☐ Yes

29. Have you had pain or pressure around the forehead, nose or eyes for more than 12 consecutive weeks during the last 12 months? ☐ No ☐ Yes

30. Have you had discoloured nasal discharge (snot) or discoloured mucus in the throat for more than 12 weeks during the last 12 consecutive months? ☐ No ☐ Yes

31. Has your sense of smell been reduced or absent for more than 12 consecutive weeks during the last 12 months? ☐ No ☐ Yes

32. Are you currently using nasal steroid spray? ☐ No ☐ Yes

INDOOR AND OUTDOOR ENVIRONMENT

33. When was your present home built or properly renovated? ..... (year)

34. In which type of accommodation do you live?
☐ Detached house ☐ Semidetached or terraced house
☐ Apartment ☐ Other

34.1 If you live in an apartment, which floor do you live on?
☐ Ground floor ☐ 1st floor ☐ 2nd floor
☐ 3rd floor ☐ 4th floor or higher

35. When did you move to your current home? ..... (year)

36. How many days per year do you normally stay at another address? ..... days

37. Does tobacco smoking take place in your present home?
☐ Yes, every day ☐ Yes, frequently *(1–4 times/week)*
☐ Yes, sometimes *(1–3 times/month)* ☐ No, never

38. Have any of the following been identified in your home during the past 12 months:

38.1 Water leakage or water damage indoors in walls, floor or ceilings ☐ No ☐ Yes

38.2 Bubbles or yellow discoloration on plastic floor covering, or black discoloration of parquet floor? ☐ No ☐ Yes

38.3 Visible mould growth indoors on walls, floor or ceilings? ☐ No ☐ Yes

39. Have you seen any signs of damp, water leakage or mould in your home at any time during the past 10 years? ☐ No ☐ Yes

40. During the Covid-19 pandemic, how much time do you spend in a car each day? Approx ..... minutes/day

41. How much time would you normally have spent in a car each day in that period? Approx ..... minutes/day

42. During the Covid-19 pandemic, how much time do you spend in green areas (e.g. parks, forests, gardens) each day? Approx ..... minutes/day

43. How much time would you normally have spent in green areas (e.g. parks, forests, gardens) each day in that period? Approx ..... minutes/day

44. If you work, how do you usually travel to and from work during each season?
(please tick only ONE main transport alternative pr season)

	Spring	Summer	Autumn	Winter	N/A
Car					
Bus/tram					
Train					
Walk					
Bicycle					

45. How many km do you normally travel from home to work (single travel)? ..... km

DEMOGRAPHY

46. What is your marital status?

☐ Single ☐ Currently married ☐ Cohabitating ☐ Separated or divorced
☐ Widowed ☐ Do not wish to answer

47.1 What term best describes the place where you live now?

☐ Farm ☐ Village in rural area ☐ Small town ☐ Suburb of city
☐ Inner city

47.2 What term best describes the place where you lived in 2010?

☐ Farm ☐ Village in rural area ☐ Small town ☐ Suburb of city
☐ Inner city

OCCUPATION AND WORK

48. What term best describes your current work situation?

☐ Employed ☐ Self-employed ☐ Unemployed, looking for work
☐ Not working because of poor health ☐ Full-time homemaker ☐ Retired ☐ Other

49. If currently working, what is your work address?

.....

.....

50. If you are retired: at what age did you retire? ..... years

51. Has the Covid-19 pandemic affected your work situation? ☐ No ☐ Yes

51.1. If yes, how has it affected your work situation?
(select all answers that apply to you)

☐ loss of job
☐ reduced working hours
☐ increased working hours
☐ increased job insecurity
☐ loss of partner's job
☐ reduced working hours for partner
☐ other, please specify: .....

.....

52. Please list all jobs that you have ever had for six months or more since year 2000. These jobs may be outside the house or at home, **excluding homemaking or housework**, full time or part time, paid or unpaid, including self-employment, for example in a family business. Please include part time jobs only if you had been doing them for 20 or more hours per week. Please start with your current or last held job.

Job	Occupation - Job Title: Please provide a short description of the job	Industry / Branch: What does (did) your firm or employer make or what services does (did) it provide?	Start month	Start year	End month	End year (If current job please enter CURRENT)
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						

53. Have you seen any signs of damp, water leakage or mould in your workplace at any time during the past 10 years? ☐ No ☐ Yes

54. Have you ever worked shift work? ☐ No ☐ Yes

54.1 If "Yes", between which years? Start year: ..... End year: .....

55. Have you ever worked night shift? ☐ No ☐ Yes

55.1 If "Yes", between which years? Start year: ..... End year: .....

56. Have you ever worked as a hairdresser? ☐ No ☐ Yes

56.1 If yes, when did you start? ..... (year)

56.2 If yes, for how many years? ..... years

57. Have you ever changed job because the job affected your breathing? ☐ No ☐ Yes

57.1 If "Yes", in which years? ..... (year)

57.2 If "Yes", from which occupation/job did you change? *(could be several)*

.....

.....

58. Have you ever changed job because of other health problems/diseases? ☐ No ☐ Yes

58.1 If Yes, in which years? ..... (year)

58.2 If "Yes", which occupation/job did you change from? *(could be several)*

.....

.....

59. How many days have you been on sick leave during the last year?
☐ 0 days ☐ 1–7 days ☐ 8–30 days ☐ 31–90 days
☐ More than three months ☐ N/A

FAMILY

60. If you have biological children, please state the years of birth and gender for each of them in the table below

	Birth year	Gender
Child #1		☐ Male ☐ Female
Child #2		☐ Male ☐ Female
Child #3		☐ Male ☐ Female
Child #4		☐ Male ☐ Female
Child #5		☐ Male ☐ Female
Child #6		☐ Male ☐ Female
Child #7		☐ Male ☐ Female

61. We would like to ask about your parents and grandparents, whether they were ever treated for tuberculosis and when they were born. If you do not know the year of birth, please suggest crudely *(nearest 10 years)*:

	Ever treated for tuberculosis	Year of birth
Mother	☐ No ☐ Yes ☐ Don´t know	
Father	☐ No ☐ Yes ☐ Don´t know	
Maternal grandmother	☐ No ☐ Yes ☐ Don´t know	
Mathernal grandfather	☐ No ☐ Yes ☐ Don´t know	
Paternal grandmother	☐ No ☐ Yes ☐ Don´t know	
Paternal grandfather	☐ No ☐ Yes ☐ Don´t know	

SLEEP-RELATED SYMPTOMS AND DISORDERS

62. How likely are you to doze off or fall asleep in the following situations in contrast to feeling just tired? This refers to your usual way of life in recent times. Even if you have not done some of these things recently try to work out how they would have affected you.

Use the following scale to choose the most appropriate number for each situation:

0 = would **never** doze, 1 = **slight** chance of dozing,
2 = **moderate** chance of dozing, 3 = **high** chance of dozing.

62.1	Sitting and reading	☐ 0	☐ 1	☐ 2	☐ 3
62.2	Watching TV	☐ 0	☐ 1	☐ 2	☐ 3
62.3	Sitting inactive in a public place *(e.g. a theatre or a meeting)*	☐ 0	☐ 1	☐ 2	☐ 3
62.4	As a passenger in a car for an hour without a break	☐ 0	☐ 1	☐ 2	☐ 3
62.5	Lying down to rest in the afternoon when circumstances permit	☐ 0	☐ 1	☐ 2	☐ 3
62.6	Sitting and talking to someone	☐ 0	☐ 1	☐ 2	☐ 3
62.7	Sitting quietly after a lunch without alcohol	☐ 0	☐ 1	☐ 2	☐ 3
62.8	In a car, while stopped for a few minutes in the traffic	☐ 0	☐ 1	☐ 2	☐ 3

The numbers mean
1: Never or almost never
2: Less than once a week
3: once or twice a week
4: 3–5 nights/days a week
5: Almost every day or night

63. How often has it occurred in the last months that:

63.1 ...You snore loudly and disturbingly? ☐1 ☐2 ☐3 ☐4 ☐5

63.2 ...You have heartburn or belching when you have gone to bed? ☐1 ☐2 ☐3 ☐4 ☐5

63.3 ...You have difficulty in getting to sleep at night? ☐1 ☐2 ☐3 ☐4 ☐5

63.4 ...You wake up repeatedly during the night? ☐1 ☐2 ☐3 ☐4 ☐5

63.5 ...You perspire heavily during the night? ☐1 ☐2 ☐3 ☐4 ☐5

63.6 ...You feel sleepy during the day? ☐1 ☐2 ☐3 ☐4 ☐5

63.7 ...Your sleep is unrefreshing? ☐1 ☐2 ☐3 ☐4 ☐5

63.8 ...You wake up too early and have difficulty in getting to sleep again? ☐1 ☐2 ☐3 ☐4 ☐5

63.9 ...You use sleep medicine? ☐1 ☐2 ☐3 ☐4 ☐5

64. Have you ever been told that you snore when you sleep? ☐ No ☐ Yes

If "No" go to question 65, if "Yes":

During the last month have you had or been told about the following symptoms *(please select only one answer per question)*:

		Never	Seldom	Sometimes	Frequently	Always
64.1	Loud snoring?	☐	☐	☐	☐	☐
64.2	Snorting or gasping?	☐	☐	☐	☐	☐
64.3	Your breathing stops, choke or struggle for breath?	☐	☐	☐	☐	☐

65. Have you ever had sleep apnoea diagnosed by a doctor? ☐ No ☐ Yes

If "No" go to question 66 if "Yes":

65.1 What year did you get the diagnosis of sleep apnoea? ..... (year)

65.2 If you are currently treated for sleep apnoea, what treatment do you have?

☐ CPAP
☐ Oral appliance (bite splint)
☐ Previous surgery in the throat or nose
☐ Others

66. How much do you usually sleep per night?

66.1 On weekdays ..... hours and ..... minutes

66.2 On weekends ..... hours and ..... minutes

66.3 At what time do you usually fall asleep? At ..... o´clock

66.4 At what time do you usually wake up? At ..... o´clock

I have irregular sleep schedule ☐

OTHER DISEASES

67. Have you ever had hypertension (high blood pressure) diagnosed by a doctor? ☐ No ☐ Yes

If NO go to question 68, if YES:

67.1 When did you get the diagnosis hypertension *(high blood pressure)*? ..... (year)

67.2 Are you currently taking any medication for hypertension (high blood pressure)? ☐ No ☐ Yes

68. Have you ever had stroke? ☐ No ☐ Yes

If NO go to question 69 if YES:

68.1 If you have had stroke, in which year was it? ..... (year)

69. Have you ever been treated in hospital because of heart infarction or angina pectoris? ☐ No ☐ Yes

If NO go to question 70 if YES:

69.1 When were you treated (for the first time) at a hospital because of heart infarction or angina pectoris? ..... (year)

70. Have you ever had atrial fibrillation diagnosed by a doctor? ☐ No ☐ Yes

71. Have you ever had leg oedema? ☐ No ☐ Yes

72. Have you ever had diabetes diagnosed by a doctor? ☐ No ☐ Yes

If NO go to question 73 if YES:

72.1 What year did you get the diagnosis diabetes? ..... (year)

72.2 What treatment are you currently using for diabetes?
☐ Insulin ☐ Tablets ☐ Both insulin and tablets ☐ Only diet

73. Have you ever had tuberculosis? ☐ No ☐ Yes

73.1 If yes: When were you treated (for the first time) for tuberculosis? ..... (year)

74. Do you have or have you ever had inflammatory bowel disease (ulcerative colitis or Crohn´s disease)? ☐ No ☐ Yes

74.1 If yes: how old were you when the disease started? ..... years

75. Have you ever been treated for depression? ☐ No ☐ Yes

75.1 If yes: Do you currently receive treatment for depression? ☐ No ☐ Yes

76. Have you ever been treated for anxiety? ☐ No ☐ Yes

76.1 If yes: Do you currently receive treatment for anxiety? ☐ No ☐ Yes

77. Have you ever had eczema or any kind of skin allergy diagnosed by a doctor? ☐ No ☐ Yes

If NO go to question 78, if YES:

77.1 Have you had eczema or any kind of skin allergy diagnosed by a doctor during the last 12 months? ☐ No ☐ Yes

77.2 How old were you when you first had eczema or skin allergy? _____ years

77.3 Did/does your eczema or skin allergy affect your hands? ☐ No ☐ Yes

77.4 Have you noticed that contact with certain materials, chemicals or anything else in your work makes your eczema worse? ☐ No ☐ Yes ☐ Don´t know

78. Have you ever had an itchy rash that was coming and going for at least 6 months? ☐ No ☐ Yes

If NO go to question 79, if YES:

78.1 Have you had this itchy rash in the last 12 months? ☐ No ☐ Yes

78.2 Has this itchy rash at any time affected any of the following places: the folds of the elbows, behind the knees, in front of the ankles, under the buttocks or around the neck, ears or eyes? ☐ No ☐ Yes

78.3 Has this itchy rash affected your hands at any time in the last 12 months? ☐ No ☐ Yes

79. Have you ever had an intestinal worm infection? ☐ No ☐ Yes

80. How many operations have you had the past 10 years? .....

81. In how many of them were you anesthetized? .....

82. What kind of surgery have you had during the past 10 years? (if you have had more than one surgery in any of the categories, list the year for the first surgery of that category)

Abdominal surgery	☐ No	☐ Yes	..... (year)
Gynecological surgery	☐ No	☐ Yes	..... (year)
Breast surgery	☐ No	☐ Yes	..... (year)
Urological surgery	☐ No	☐ Yes	..... (year)
Open heart or lung surgery	☐ No	☐ Yes	..... (year)
Orthopedic surgery	☐ No	☐ Yes	..... (year)
Ear, nose or throat surgery	☐ No	☐ Yes	..... (year)
Other surgery	☐ No	☐ Yes	..... (year)

83. Have you had cataract surgery? ☐ No ☐ Yes

If NO go to question 84, if YES:

83.1 When did you have your first cataract surgery? ..... (year)

84. Have you received a hip or knee prothesis? ☐ No ☐ Yes

85. Have you received radiation therapy to the breast or chest? ☐ No ☐ Yes

86. Have you taken any antibiotics during the last 12 months? ☐ No ☐ Yes

If NO go to question 87, if YES:

86.1 Have you taken any antibiotics for respiratory infections during the last 12 months? ☐ No ☐ Yes

GENERAL HEALTH

87. In general, how would you rate your overall health?
☐ Excellent ☐ Very good ☐ Good ☐ Fair ☐ Poor

88. How frequently do you exercise? (Give an average)
☐ Never ☐ Less than once a week ☐ once a week
☐ 2–3 times a week ☐ Almost every day

If you do such exercise as frequently as once or more times a week:

88.1 How hard do you push yourself? (Give an average)
☐ I take it easy without breaking into a sweat or losing my breath
☐ I push myself so hard that I lose my breath and break into a sweat
☐ I push myself to near-exhaustion

88.2 How long does each session last? (Give an average)
☐ Less than 15 minutes ☐ 16–30 minutes
☐ 30 minutes to 1 hour ☐ More than 1 hour

89. How often do you engage in the following activities:

	Never	< Once a week	Once a week	2–3 times a week	Nearly every day
Exercise in a training centre/gym?					
Exercise indoors at home?					
Walk/run/cycle in the woods/mountains/ nature?					
Walk/run/cycle along roads with little to medium traffic?					
Walk/run/cycle along heavily trafficated roads?					

90. On a typical weekday, what is your average daily step count? ..... steps ☐ Don´t know

91. How tall were you when you were 20 years old? ..... cm

92. How much did you weigh when you were 20 years old? ..... kg

93. How do you assess your own dental health?
☐ Exellent ☐ Very good ☐ Good ☐ Fair ☐ Poor

94. How often do you receive dental treatment?
☐ Twice or more per year
☐ Once a year
☐ Less than once a year
☐ Less than every second year

95. Does your gum bleed when you brush your teeth?
☐ Always ☐ Often ☐ Sometimes ☐ Rarely ☐ Never

96. How often do you usually brush your teeth?
☐ 2 times/day or more
☐ Once a daily
☐ Less than daily

97. Do you regularly perform interdental cleaning with dental floss or interdental brushes?
☐ 2 times/day or more
☐ Once daily
☐ Less than daily
☐ Never

98. Has your dentist ever told you that you have gum disease (periodontal disease)? ☐ No ☐ Yes

99. Have you ever had treatment for gum disease? ☐ No ☐ Yes ☐ Don´t know

We now wish to ask two questions about cleaning of clothes, since this gives information about how much your skin is exposed to detergents.

100. How many times do you usually use trousers before washing them?
☐ Once ☐ 2–3 times ☐ 4–6 times ☐ 7 times or more

101. How many times do you usually use shirts/blouses/T-shirts or other top near the body before washing them?
☐ Once ☐ 2–3 times ☐ 4–6 times ☐ 7 times or more

COVID-19 (CORONAVIRUS) AND YOUR HEALTH

102. Do you think you have had Covid-19? ☐ No ☐ Yes ☐ Don´t know

IF NO, you have completed this questionnaire, If YES, please answer the following questions

102.1 On what date do you think your Covid-19 infection began?
(make your best guess if you fo not know precisely)

_____ day _____ month _____ (year)

102.2 What makes you think you have had Covid-19?
(select all answers that apply to you)

☐ I was admitted to hospital and a doctor told me I had Covid-19 infection

☐ I had a test that showed I was suffering from Covid-19 – but did not get admitted to hospital

☐ I had a test that showed I had developed antibodies to Covid-19

☐ One of the people living in my household had a positive Covid-19 test

☐ One of my close contacts who does not live in my household had a positive Covid-19 test

☐ I spoke with a doctor (or nurse) and they told me it was likely to be Covid-19 – but I did not have a test

☐ In my opinion my symptoms were typical of Covid-19

☐ Other, please specify: .....

.....

INFORMATION AND CONTACT CONSENT

In case we need to get in touch with you again please write your contact information below.

E-mail address .....

Mobile number .....

THANK YOU FOR YOUR HELP!