Health Survey
Invitation

"This is your chance"

Date of birth Social security No.
Municipality Electoral ward No.

Welcome to the Tromsø Health Survey!

The Health Survey is coming to Tromsø. This leaflet will tell you when and where. You will also find information about the survey in the enclosed brochure.

We would like you to fill in the form overleaf and take it with you to the examination.

The more people take part in the survey, the more valuable its results will be. We hope, therefore, that you will be able to come. Come along even if you feel healthy, if you are currently receiving medical treatment, or if you have had your cholesterol and blood pressure levels taken recently.

Yours sincerely,
Municipal Health Authorities
Faculty of Medicine - University of Tromsø
National Health Screening Service

"This is a real opportunity — Take it!"
Do you yourself smoke:  YES  NO
Cigarettes daily?  ☐  ☐
Cigars/cigarillos daily?  ☐  ☐
Pipe daily  ☐  ☐
If you previously smoked daily, how long is it since you stopped?  ______ Years
If you smoke daily at the moment, or have smoked before:
How many cigarettes do you smoke/did you smoke per day?  ______ Cigarettes
How old were you when you began smoking daily?  Age  ______ Years
How many years in all have you smoked daily?  ______ Years

Exercise
How has your physical activity in leisure time been during this last year? Think of your weekly average for the year. Time spent going to work counts as leisure time.

<table>
<thead>
<tr>
<th>Hours pr. week</th>
<th>None</th>
<th>Less than 1</th>
<th>1-2</th>
<th>3 or more</th>
</tr>
</thead>
<tbody>
<tr>
<td>Light activity (not sweating or out of breath)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Hard activity (sweating/out of breath)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

Coffee
How many cups of coffee do you drink daily? Put 0 if you do not drink coffee daily. Cups
Boiled coffee ☐ ☐
(i.e., grind boiled and allowed to draw)
Other coffee ☐ ☐

Alcohol
Are you a teetotaler?  YES  ☐  NO  ☐
How many times a month do you normally drink alcohol? Do not count low-alcohol beer. Put 0 if less than once a month. Times
How many glasses of beer, wine or spirits do you normally drink in a fortnight? Do not count low-alcohol beer. Put 0 if less than once a month.

<table>
<thead>
<tr>
<th>Beer</th>
<th>Wine</th>
<th>Spirits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Glasses</td>
<td>Glasses</td>
<td>Glasses</td>
</tr>
<tr>
<td>☐ ☐</td>
<td>☐ ☐</td>
<td>☐ ☐</td>
</tr>
</tbody>
</table>

Fat
What kind of margarine or butter do you normally use on bread? Tick one box only.
Don't use butter/margarine ☐
Creamery butter ☐
Hard margarine ☐
Soft margarine ☐
Butter/margarine blend ☐
Light margarine ☐

Education/work
What is the highest level of education you have completed?
7-10 years primary/secondary school, ☐
modern secondary school, folk high school ☐
Technical school, middle school, vocational.. school, 1-2 years' senior high school ☐
A-levels/High school diploma, (3-4 years)☐
College/university, less than 4 years ☐
College/university, 4 or more years ☐

What is your current work situation?
Paid work ☐
Full-time housework ☐
Education, military service ☐
Unemployed, redundant ☐

How many hours of paid work do you have pr. week?  ______ Hours

Do you receive any of the following benefits?
Sickness benefit (sick leave) ☐
Rehabilitation benefit ☐
Disability pension ☐
Old-age pension ☐
Social welfare benefits ☐
Unemployment benefit ☐

Illness in the family
Have one or more of your parents or siblings had a heart attack or had angina (heart cramp)?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>DON'T KNOW</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>