Study Questionnaire
GENERAL INFORMATION

First, we would like to ask you for some general information about yourself.

1. What is your birth date?

Day     Month     Year

2. Which is your highest level of schooling?

   - Primary/secondary modern school qualification
   - High-school diploma
   - University of applied sciences entrance qualification
   - A levels
   - Technical diploma
   - Other,

Please specify _____________________________________

3. Which is your highest vocational qualification?

   - Professional school/vocational school
   - Apprenticeship
   - College/University
   - No degree
4  Which is your current occupation?

Working full-time ............................................. □
Working part-time ............................................. □
Retired .............................................................. □
Housewife ........................................................ □
Job-seeking ...................................................... □
Other, ................................................................ □

Please specify:

.................................................................................
OCCUPATIONAL HISTORY

We would now like to ask you about all the professional activities that you have had so far. By profession, we mean the activity with which you have spent most of your time. Please consider all activities that you have performed for at least 12 months. Please start with your current or last performed professional activity.

5  First (=current/last) activity

| 5.1 Start date: |__|__|__|__|/|__|__|  
| Year | Month |
|  |

| End date: |__|__|__|__|/|__|__|  
| Year | Month |
|  |

(if you are still working in this job, please indicate the current date)

5.2 What is the name of the institution/company?


5.3 Which task do/did you perform?


5.4 Did you work full-time, part-time or occasionally in this job?

| Full-time (100%)  
| Part-time (e.g., 75 or 50%)  
| Occasionally (less than 50%) |


5.5 Can you remember contact with asbestos or asbestos-containing products / work equipment during this activity?
   No .................................................................
   Yes ..............................................................
6 Second activity

6.1 Start date: |__|__|__|__|/|__|__|
Year  Month
End date: |__|__|__|__|/|__|__|
Year  Month

6.2 What was the name of the institution/company?

6.3 Which task do/did you perform?

6.4 Did you work full-time, part-time or occasionally in this job?
|__| Full-time (100%)
|__| Part-time (e.g., 75 or 50%)
|__| Occasionally (less than 50%)

6.5 Can you remember contact with asbestos or asbestos-containing products / work equipment during this activity?
No .........................................................................................
Yes.................................................................
## Third activity

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### 7.1 Start date: __ __ __ __ __

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### 7.2 What was the name of the institution/company?

### 7.3 Which task do/did you perform?

### 7.4 Did you work full-time, part-time or occasionally in this job?

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### 7.5 Can you remember contact with asbestos or asbestos-containing products / work equipment during this activity?

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8 Fourth activity

8.1 Start date: |__|__|__|__|/|__|__|  
   Year    Month  

   End date: |__|__|__|__|/|__|__|  
   Year    Month  

8.2 What was the name of the institution/company?


8.3 Which task do/did you perform?


8.4 Did you work full-time, part-time or occasionally in this job?
   |__| Full-time (100%)
   |__| Part-time (e.g., 75 or 50%)
   |__| Occasionally (less than 50%)

8.5 Can you remember contact with asbestos or asbestos-containing products / work equipment during this activity?
   No.................................................................
   Yes.................................................................
9 Fifth activity

9.1 Start date: |___|___|___|/|___|___|
Year       Month
End date: |___|___|___|/|___|___|
Year       Month

9.2 What was the name of the institution/company?

9.3 Which task do/did you perform?

9.4 Did you work full-time, part-time or occasionally in this job?
___| Full-time (100%)
___| Part-time (e.g., 75 or 50%)
___| Occasionally (less than 50%)

9.5 Can you remember contact with asbestos or asbestos-containing products / work equipment during this activity?
No.................................................................☐
Yes...............................................................☐
HEALTH

Now we would like to ask you about your health. If you are not sure about any of the questions, please answer "No".

10 Have you ever been diagnosed with ovarian cancer?
   No .............................................................................. ☐
   Yes ........................................................................... ☐
   If yes, when was it first detected?
   |__|__|__|__ Year

11 Have you ever been diagnosed with another type of cancer?
   No .............................................................................. ☐
   Yes ........................................................................... ☐
   If yes, which type of cancer?
   _______________________________________________________________________
   If yes, when was it first detected?
   |__|__|__|__ Year

12 Has your family (that is, your parents or siblings) ever been diagnosed with cancer?
   If so, who was affected, what type of cancer was it, and when was it diagnosed?
   Mother..................................................... ☐ (Type:______________________________; Year of diagnosis:__________)


13 Have you ever been diagnosed with gynaecological disease (such as endometriosis, inflammation of the fallopian tubes, polycystic ovarian syndrome)?

No..............................................................................................................

Yes............................................................................................................

If yes, which type of disease? _______________________________________________________________________

When was it detected?
|___|___|___|___| year

14 Have you ever undergone abdominal surgery (such as surgical removal or fallopian tube obstruction)?

No..............................................................................................................

Yes............................................................................................................

If yes, which type of surgery? _______________________________________________________________________

When was the surgery performed?
|___|___|___|___| Year
15. Which statement regarding your physical activity is true for you in the past?
   - I had a sedentary job and was not active. □
   - I was active 3 times a week for 20 min over a period of 10 years. □
   - I did sports every week for at least 3 times a week for 30 minutes over a period of 10 or more years. □

16. Have you ever smoked for a year?
   - "Yes" means at least 20 packs of cigarettes or 360g of tobacco in your life or one year a day or a cigar a week.
   - No. □
   - Yes. □

17. Have you ever regularly (i.e., at least once a month) used cosmetic powder (talcum powder) in the genital area (for example on sanitary towels, tampons, etc.)?
   - No. □
   - Yes. □
17.1 If yes, from when to when did you use cosmetic powder in the genital area?
From: ___._._._._._ to: ___._._._._._
Year

18 Have you ever regularly (i.e., once a month) used cosmetic powder (talcum powder) outside the genital area (for example, when powdering your baby or on your own feet or arms or face)?
No...............................................................................☐
Yes...............................................................................☐

18.1 If yes, from when to when did you use cosmetic powder outside the genital area?
From: ___._._._._._ to: ___._._._._._
Year

19 Have you ever received hormone replacement therapy?
No...............................................................................☐
Yes...............................................................................☐

19.1 If yes, from when to when did you receive hormone replacement therapy?
From: ___._._._._._ to: ___._._._._._
Year

20 Have you ever taken the “pill” (oral contraceptives)?
No...............................................................................☐
Yes...............................................................................☐
20.1 If so, how many years did you take the “pill” altogether?

______ years

21 At what age did you get your first menstrual period?
Age: |__|__|__| years

22 At what age did you get your last menstrual period?
Age: |__|__|__| years

23 Did you have any pregnancies (including aborted pregnancies and miscarriages)?

No..............................................................................................

Yes............................................................................................... 

23.1 If yes, how many pregnancies did you have?

______ pregnancies

23.2 In which year were your children born?
First child: |__|__|__|__| Year
Second child: |__|__|__|__| Year
Third child: |__|__|__|__| Year
Fourth child: |__|__|__|__| Year
Fifth child: |__|__|__|__| Year
23.3 Have you breastfed your children?
No........................................................................... ☐
Yes........................................................................... ☐

23.4. If yes, how many years have you breastfed in total?
_____ Year

Thank you very much for your participation!
Do you have comments on this questionnaire? We are grateful for suggestions!
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________