| Contents: | The aim of the Malmö Preventive Project was to find high-risk individuals for preventive intervention on cardiovascular risk factors, alcohol abuse, impaired glucose tolerance, and breast cancer. The risk factor screening included a physical examination, a panel of laboratory tests, a glucose intolerance test, and a mammography for women. In addition, every participant filled in a selfadministered questionnaire centred on family history of cardiovascular disease, hypertension and diabetes, smoking habits and signs of high alcohol consumption, physical activity at work and during leisure time, dietary habits and weight gain, presence of symptoms and signs of cardiovascular disease, alcohol abuse and history of malignancies. |
| :---: | :---: |
| \# lines: | 33346 |
| \# variables: | 527 |
| Selection: | Selected sex and birth-year cohorts of individuals born 1921-1949 in Malmö and residents of the city were invited. Males were mostly screened in the first half of the period (1974-82) and females in the latter half (1981-92). |
| Sources: | Data have been derived from the various examinations and tests, and from the questionnaire filled in by the participating individuals |
| Misc: | In addition to the baseline screening, some individuals participated in the so called "6-year rescreening" (primarily men born in 1926-31 and 1938) conducted on average 6 years after the first examination, or in other screenings. In total, the MPP database from 1974-1992 contains five data sets, all with the same variables (only the suffix of the variable names differ): |
| References: | Berglund G, Nilsson P, Eriksson KF, Nilsson JA, Hedblad B, Kristenson H, Lindgärde F. Long-term outcome of the Malmö preventive project: mortality and cardiovascular morbidity. J Intern Med. 2000 Jan;247(1):19-29. <br> Nilsson PM, Nilsson JA, Berglund G. Population-attributable risk of coronary heart disease risk factors during long-term follow-up: the Malmö Preventive Project. J Intern Med 2006;260:134-41. |

## List of variables

| Name | Variable label | Type | Format | Value label | Male | Female |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- |
| pnr12 | Civil registration number (social security <br> number) (String) | String | A12 |  |  |  |
| lopnrMFM | Sequence number for baseline <br> examination in the MPP cohort | Numeric | F7 |  | 22444 | 10902 |
| labnrMFM | Sequence number for baseline laboratory <br> samples in the MPP cohort | Numeric | F5 |  | 21425 | 10867 |
| SCRDATUM | Date at baseline screening in the MPP <br> cohort | Date | SDATE10 |  | 22444 | 10902 |
| AGE | Age at baseline screening in the MPP <br> cohort (yrs) | Numeric | F5.2 |  | 22444 | 10902 |
| Occupation |  |  |  |  | 20014 | 0 |
| OLDYRKE | Occupation at screening according to <br> Nordic Occupational Classification, 1974, <br> 1978 or 1983 (SCB) | Numeric | F6.2 |  |  |  |
| Anthropometry |  |  |  |  |  |  |
| LANGD | Length (cm) |  |  |  |  |  |


| Name | Variable label | Type | Format | Value label | Male | Female |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| VIKT | Weight (kg) | Numeric | F5.1 |  |  |  |
| BMI | Body Mass Index (kg/m2) | Numeric | F5.2 |  | 22437 | 10898 |
| SKINFOLD | Triceps skinfold subcutane fat (log value) | Numeric | F5.1 |  | 22434 | 10898 |
| BUKOMF | Abdomen circumference, standing (middle of the abdomen) (cm) | Numeric | F3 |  | 22434 | 10898 |
| HOFTOMF | Hip circumference, standing max (cm) | Numeric | F3 |  | 22077 | 10381 |
| WHKVOT | Abdomen/Hip ratio (\%) | Numeric | F4.1 |  | 0 | 1331 |
| PULS0 | Pulse 0 minutes laying (beats/minute) | Numeric | F3 |  | 0 | 1331 |
| PULS10 | Pulse 10 minutes laying (beats/minute) | Numeric | F3 |  | 0 | 1331 |
| Blood pressure |  |  |  |  | 22419 | 10442 |
| BTLIOSYS | Systolic blood pressure laying 0 minutes (mmHg) | Numeric | F3 |  | 22314 | 10867 |
| BTLIODIA | Diastolic blood pressure laying 0 minutes (mmHg) | Numeric | F3 |  | 22433 | 10443 |
| BTLIIOSY | Systolic blood pressure laying 10 minutes ( mmHg ) | Numeric | F3 |  | 22430 | 10440 |
| BTLIIODI | Diastolic blood pressure laying 10 minutes ( mmHg ) | Numeric | F3 |  | 22421 | 10888 |
| BTSTOSYS | Systolic blood pressure standing 0 minutes ( mmHg ) | Numeric | F3 |  | 22421 | 10885 |
| BTSTODIA | Diastolic blood pressure standing 0 minutes ( mmHg ) | Numeric | F3 |  | 22421 | 10440 |
| BTST10SY | Systolic blood pressure standing 10 minutes ( mmHg ) | Numeric | F3 |  | 22422 | 10432 |
| BTST10DI | Diastolic blood pressure standing 10 minutes ( mmHg ) | Numeric | F3 |  | 22383 | 10426 |
| Lab values |  |  |  |  | 22380 | 10421 |
| SR_07 | B-SR (sänka) (mm). <br> Remarks: B-SR = Blood Sedimentation Rate. | Numeric | F3 |  | 22385 | 10824 |
| HB_07 | B-Hb (hemoglobin) (g/L) | Numeric | F3 |  | 22372 | 10866 |
| ROEDA | B-Erythrocytes (10^12/L) | Numeric | F3.1 |  | 3 | 8 |
| HEMATOKR_07 | B-Hematocrit (\%) | Numeric | F3 |  | 17191 | 8778 |
| VITA_07 | B-Vita (leukocytes) (10^9/L | Numeric | F5.1 |  | 17223 | 2939 |
| TROMBOCY | B-Thrombocytes (10^9/L) | Numeric | F3 |  | 4 | 189 |
| S_NA_07 | S-Natrium (sodium) (mmol/L) | Numeric | F3 |  | 17320 | 4953 |
| S_K_07 | S-Kalium (potassium) (mmol/L) | Numeric | F3.1 |  | 17253 | 4917 |
| S_KREATI_07 | S-Creatinine (micromol/L) | Numeric | F4 |  | 22375 | 10836 |
| S_ALB_07 | S-Albumin (g/L) | Numeric | F2 |  | 17096 | 4949 |
| S_CA | S-Calcium (mmol/L) | Numeric | F4.2 |  | 22401 | 10848 |
| S_PO4 | S-Fosfat (phosphate) (mmol/L) | Numeric | F4.2 |  | 13100 | 4867 |
| BIL | S-Bilirubin total (micromol/L) | Numeric | F2 |  | 0 | 0 |
| ASAT | S-ASAT (Aspartate aminotransferase) (microkat/L) | Numeric | F4.2 |  | 18266 | 10823 |
| ALAT | S-ALAT (Alanine aminotransferase) (mikrocat/L) | Numeric | F4.2 |  | 18271 | 10817 |
| LD | S-LD (Lactate dehydrogenase) (microkat/L) | Numeric | F4.2 |  | 0 | 0 |
| @GT | S-GT (gamma-glutamyl transferase) (microkat/L) | Numeric | F5.2 |  | 22402 | 10837 |
| ALP | S-ALP (alkaline phosphatase) (microkat/L) | Numeric | F5.2 |  | 13099 | 4953 |
| AMYLAS | S-Amylase (microkat/L) | Numeric | F3.1 |  | 0 | 0 |
| KOL | S-Cholesterol (mmol/L) | Numeric | F5.2 |  | 22403 | 10866 |
| TG | fS-TG (triglycerides) (mmol/L) | Numeric | F5.2 |  | 22398 | 10862 |
| S_URAT_07 | S-Urate (micromol/L) | Numeric | F3 |  | 22379 | 10848 |
| HDLKOL | S-HDL-cholesterol (mmol/L) | Numeric | F4.2 |  | 0 | 446 |
| LDLKOL | S-LDL-cholesterol (mmol/L) | Numeric | F3.1 |  | 0 | 442 |
| LDLHDLKV | LDL/HDL ratio | Numeric | F3.1 |  | 0 | 442 |


| Name | Variable label | Type | Format | Value label | Male | Female |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| T3 | S-T3 (Triiodothyronine) (nmol/L) | Numeric | F4.1 |  | 0 | 380 |
| TSH | S-TSH (thyroid stimulating hormone) (mIU/L) | Numeric | F4.1 |  | 0 | 974 |
| T4 | S-T4 (Tetraiodothyronine, Thyroxine) ( $\mathrm{nmol} / \mathrm{L}$ ) | Numeric | F3 |  | 0 | 159 |
| THGLAK2 | S-THGL Thyroglobulin antibody (titer step) | Numeric | F6 |  | 0 | 125 |
| APOA | S-Apo A1 (Apolipoprotein A1) (mg/dL) | Numeric | F3 |  | 8950 | 1167 |
| TU_NA | tU-Natrium (Sodium) (mmol/day) | Numeric | F3 |  | 0 | 0 |
| U_NA | U-Natrium (Sodium) (mmol/L) | Numeric | F3 |  | 0 | 0 |
| TU_K | tU-Kalium (Potassium) (mmol/day) | Numeric | F3 |  | 0 | 0 |
| U_K | U-Kalium (Potassium) (mmol/L) | Numeric | F3 |  | 0 | 0 |
| U_CA | U-Calcium (mmol/L) | Numeric | F4 |  | 0 | 0 |
| UNITUR | U-Nitur | Numeric | F1 |  | 0 | 0 |
| UKREATIN | tU-Creatinine (mmol/day) | Numeric | F4.1 |  | 0 | 0 |
| UALBKVAL | U-Alb kval REDIATEST | Numeric | F1 |  | 22048 | 6581 |
| UGLUKVAL | U-GLU kval REDIATEST | Numeric | F1 |  | 0 | 0 |
| UKETKVAL | U-Ket kval REDIATEST | Numeric | F1 |  | 0 | 0 |
| UBLODKVA | U-Blod kval REDIATEST | Numeric | F1 |  | 0 | 0 |
| URINVOLY | Urine volume (ml) | Numeric | F4 |  | 0 | 0 |
| TOBAK | Tobacco smoking (g/day) | Numeric | F2 |  | 0 | 1323 |
| COHB | B-COHb (\%) | Numeric | F5.2 |  | 10407 | 493 |
| HBA1C | Ery-HbA1c (\%) | Numeric | F5.2 |  | 0 | 376 |
| Lung function |  |  |  |  |  |  |
| PF | Peak flow (liter/s). <br> Remarks: Peak flow = A person's maximum speed of expiration (exhalation). | Numeric | F4.1 |  | 21204 | 7754 |
| FVC | FVC (liter). <br> Remarks: FVC (Forced vital capacity) = The amount of air a person can expire after a maximum inspiration. | Numeric | F4.1 |  | 21206 | 7756 |
| FEV05 | FEV 0,5 s (liter). Remarks: FEV (Forced Expiratory Volume) in 0.5 seconds. | Numeric | F3.1 |  | 21195 | 7750 |
| FEV10 | FEV 1,0 s (liter). Remarks: FEV (Forced Expiratory Volume) in 1.0 seconds. | Numeric | F3.1 |  | 21186 | 7748 |
| FEV30 | FEV 3,0 s (liter). Remarks: FEV (Forced Expiratory Volume) in 3.0 seconds. | Numeric | F3.1 |  | 21178 | 7743 |
| FEVPR05 | FEV\% 0,5 s (ratio FEV05/FVC) (\%) | Numeric | F2 |  | 21198 | 7756 |
| FEVPR10 | FEV\% 1,0 s (ratio FEV10/FVC) (\%) | Numeric | F2 |  | 20901 | 7584 |
| FEVPR30 | FEV\% 3,0 s (ratio FEV30/FVC) (\%) | Numeric | F3 |  | 21182 | 7748 |
| Fitness test |  |  |  |  |  |  |
| FYSARBET | Physical activity at work | Numeric | F1 |  | 80 | 436 |
| FYSFRITI | Physical activity during leisure time | Numeric | F1 |  | 101 | 443 |
| TESTVIKT | Test weight fitness test (kg) | Numeric | F5.1 |  | 95 | 433 |
| VILOPULS | Resting heart rate before the test (beats/min) | Numeric | F3 |  | 85 | 395 |
| BELASTNI | Load fitness test (Watts) | Numeric | F3 |  | 85 | 392 |
| BORGSKAL | Borg scale (RPE scale, Rating of Perceived Exertion) | Numeric | F3 | 6 = Extremely easy <br> 7 = Extremely easy, $45 \%$ of max <br> 8 = Extremely easy <br> 9 = Very easy, 55\% of max <br> 10 = Very easy <br> 11 = Easy, 65\% of max <br> 12 = Easy <br> 13 = Fairly strenuous <br> 14 = Fairly strenuous, 75\% of max | 78 | 381 |


| Name | Variable label | Type | Format | Value label | Male | Female |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  | 15 = Strenuous <br> 16 = strenuous, $85 \%$ of $\max$ <br> 17 = Very strenuous <br> 18 = Very strenuous, $92 \%$ of max <br> $19=$ Extremely strenuous <br> 20 = Maximum strain, 95-100\% <br> of max |  |  |
| ARBPULS6 | Working pulse 6 min (beats/min) | Numeric | F3 |  | 81 | 377 |
| VO2 | VO2 max (L/min) | Numeric | F4.2 |  | 76 | 375 |
| VO2KG | VO2/kg/min (mL/min/kg) | Numeric | F4.1 |  | 76 | 376 |
| KONDITIO | Relative fitness (score 1-5) | Numeric | F1 | $\begin{aligned} & 1=\text { Very bad } \\ & 2=\text { Poor } \\ & 3=\text { Fair } \\ & 4=\text { Good } \\ & 5=\text { Very good } \\ & \hline \end{aligned}$ | 76 | 376 |
| Glucose Tolerance Test |  |  |  |  |  |  |
| GLUDOS | Glucose challenge under load (grams) | Numeric | F3 |  | 13460 | 6123 |
| GNR | Time series number for glucose load | Numeric | F2 |  | 22395 | 10863 |
| GLU0 | fB-Glucose = 0' OGTT (oral) ( $\mathrm{mmol} / \mathrm{L}$ ) | Numeric | F4.1 |  | 22332 | 10845 |
| GLU20 | B-Glucose 20' at OGTT (oral) (mmol/L) | Numeric | F4.1 |  | 5528 | 138 |
| GLU40 | B-Glucose 40' at OGTT (oral) (mmol/L) | Numeric | F4.1 |  | 5528 | 238 |
| GLU60 | B-Glucose 60 'at OGTT (oral) (mmol/L) | Numeric | F4.1 |  | 5553 | 135 |
| GLU90 | B-Glucose 90' at OGTT (oral) (mmol/L) | Numeric | F4.1 |  | 5530 | 137 |
| GLU120 | B-Glucose 120' at OGTT (oral) (mmol/L) | Numeric | F4.1 |  | 13056 | 5904 |
| GLUSUMOG | B-Glucose sum at OGTT (oral) (mmol/L) | Numeric | F5.1 |  | 21722 | 10646 |
| INR | Time series number for insulin | Numeric | F2 |  | 6312 | 1071 |
| INSO | fP-Insulin = 0' OGTT (oral) (mIU/L) | Numeric | F3 |  | 6256 | 1042 |
| INS20 | P-Insulin 20' at OGTT (oral) (mIU/L) | Numeric | F3 |  | 374 | 0 |
| INS40 | P-Insulin 40' at OGTT (oral) (mIU/L) | Numeric | F3 |  | 3752 | 200 |
| INS60 | P-Insulin 60' at OGTT (oral) (mIU/L) | Numeric | F3 |  | 372 | 0 |
| INS90 | P-Insulin 90' at OGTT (oral) (mIU/L) | Numeric | F3 |  | 14 | 0 |
| INS120 | P-Insulin 120' at OGTT (oral) (mIU/L) | Numeric | F3 |  | 5641 | 921 |
| INSSUMOG | P-Insulin sum at OGTT (oral) (mIU/L) | Numeric | F4 |  | 5668 | 927 |
| IVINS5 | Insulin 5' IV at IVGTT (intravenous) ( $\mathrm{mlU} / \mathrm{L}$ ) | Numeric | F3 |  | 463 | 0 |
| IVINS20 | Insulin 20' IV at IVGTT (intravenous) (mIU/L) | Numeric | F3 |  | 467 | 0 |
| IVINS40 | ```Insulin 40' IV at IVGTT (intravenous) (mIU/L)``` | Numeric | F3 |  | 468 | 0 |
| IVINS60 | Insulin 60' IV at IVGTT (intravenous) ( $\mathrm{ml} \mathrm{U} / \mathrm{L}$ ) | Numeric | F3 |  | 463 | 0 |
| KVARDE | K-value at IVGTT IV (intravenous) (\%/min) | Numeric | F4.2 |  | 581 | 98 |
| RVARDE | R-value at IVGTT IV (intravenous) (mIU/L) | Numeric | F4.2 |  | 583 | 101 |
| Life style intervention (re diabetes) |  |  |  |  |  |  |
| IGT_VAR9 | Status of glucose tolerance at OGTT or IVGTT at baseline screening. Remarks: Data obtained from Karl-Fredrik Eriksson in October 2016, original variable name is VAR9. | Numeric | F1 | 0 = Normal glucose tolerance <br> 1 = Impaired glucose tolerance (IGT), reproducible (IGT confirmed at two occasions) 2 = Impaired glucose tolerance (IGT), not reproducible (IGT not confirmed at second test) 3 = Impaired glucose tolerance (IGT), only one test (no second test conducted) <br> 4 = Diabetes discovered at screening (i e "new diabetes") 5 = Known diabetes (responded YES on the question "Do you have diabetes?", or given diabetes information to nurse) | 6955 | 0 |


| Name | Variable label | Type | Format | Value label | Male | Female |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| IGT_BEH | Type of treatment at diabetes clinic. Remarks: Data obtainet from Karl-Fredrik Eriksson in October 2016, original variable name is BEH. | Numeric | F1 | 0 = Standard treatment, but not at IGT or diabetic clinic 1 = Intensive treatment after screening (VAR9=1) or after two years (VAR9=2) at IGT clinic $2=$ Treatment at diabetic clinic or in Primay care | 6955 | 0 |
| Bone density |  |  |  |  |  |  |
| CAINTAG | Calcium intake (mg/day) | Numeric | F4 |  | 0 | 857 |
| BENTH1CM | Bone density right 1 cm (mg/cm2) | Numeric | F3 |  | 0 | 1299 |
| BENTV1CM | Bone density left $1 \mathrm{~cm}(\mathrm{mg} / \mathrm{cm} 2)$ | Numeric | F3 |  | 0 | 1300 |
| BENTMV1C | Bone density average 1 cm (mg/cm2) | Numeric | F3 |  | 0 | 1298 |
| BENTH6CM | Bone density right 6 cm (mg/cm2) | Numeric | F3 |  | 0 | 1302 |
| BENTV6CM | Bone density left $6 \mathrm{~cm}(\mathrm{mg} / \mathrm{cm} 2)$ | Numeric | F3 |  | 0 | 1304 |
| BENTMV6C | Bone density average 6 cm (mg/cm2) | Numeric | F3 |  | 0 | 1298 |
| Questions put to women only |  |  |  |  |  |  |
| MAALDER | First menstrual bleeding age (yrs) | Numeric | F2 |  | 0 | 1307 |
| MPALDER | Last menstrual bleeding age (yrs) | Numeric | F2 |  | 0 | 938 |
| ANTBARN | Number of children. <br> Remarks: Data are only available from women (plus a few men) during the period Feb -90 to Feb -92. | Numeric | F2 |  | 0 | 1311 |
| DIABGRAV | Diabetes during pregnancy | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 0 | 33 |
| Questionnaire |  |  |  |  |  |  |
| F010101 | Does (did) your father have diabetes? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 22444 | 10762 |
| F010102 | Does (did) your mother have diabetes? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 22444 | 10798 |
| F010201 | Do you have or have you had siblings with diabetes? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 16076 | 10802 |
| F010301 | Do you have children with diabetes? | Numeric | F1 | $\begin{aligned} & \hline 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 16076 | 10842 |
| F010401 | Do you have other relatives who have (had) diabetes? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 22444 | 10579 |
| F010410 | Do (Did) any of your parents or siblings constantly use insulin against diabetes? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 917 | 8064 |
| F010501 | Is your father deceased? | Numeric | F1 | $\begin{aligned} & 0=\mathrm{No} \\ & 1=\mathrm{Yes} \end{aligned}$ | 16076 | 10839 |
| F010502 | Does (Did) your father have heart problems in the form of chest pain (angina pectoris)? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 16076 | 10620 |
| F010503 | Has your father had a heart attack (clot in the heart)? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 21527 | 2741 |
| F010504 | Did your father die of a heart attack (clot in the heart)? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 16076 | 10448 |
| F010505 | Has your father had a stroke or clot in the brain? | Numeric | F1 | $\begin{aligned} & 0=\mathrm{No} \\ & 1=\text { Yes } \end{aligned}$ | 15159 | 2741 |
| F010506 | Did your father die of stroke or clot in the brain? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 16076 | 10207 |
| F010507 | Does (Did) your father have high blood pressure? | Numeric | F1 | $\begin{aligned} & 0=\mathrm{No} \\ & 1=\text { Yes } \end{aligned}$ | 22444 | 10312 |
| F010508 | Did your father die of cancer? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 16076 | 10156 |
| F010509 | Did your father die of cancer before the age of 60 years? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 917 | 7032 |
| F010510 | Has your father been treated for cancer? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 917 | 7967 |
| F010511 | Has your father had a heart attack (clot in the heart) before the age of 60 years? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 917 | 7991 |


| Name | Variable label | Type | Format | Value label | Male | Female |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| F010512 | Has your father had a stroke or clot in the brain before the age of 70 years? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 917 | 7998 |
| F010601 | Is your mother deceased? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 16076 | 10844 |
| F010602 | Does (Did) your mother have heart problems in the form of chest pain (angina pectoris)? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 16076 | 10728 |
| F010603 | Has your mother had a heart attack (clot in the heart)? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 21527 | 2741 |
| F010604 | Did your mother die of a heart attack (clot in the heart)? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 16076 | 10161 |
| F010605 | Has your mother had a stroke or clot in the brain? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 15159 | 2741 |
| F010606 | Did your mother die of stroke or clot in the brain? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 16076 | 10007 |
| F010607 | Does (Did) your mother have high blood pressure? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 22444 | 10508 |
| F010608 | Did your mother die of cancer? | Numeric | F1 | $\begin{aligned} & 0=\mathrm{No} \\ & 1=\mathrm{Yes} \end{aligned}$ | 16076 | 9939 |
| F010609 | Did your mother die of cancer before the age of 60 years? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 917 | 6972 |
| F010610 | Has your mother been treated for cancer? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 917 | 8009 |
| F010611 | Have any of your siblings had cancer or died of cancer? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 917 | 8077 |
| F010612 | Has your mother had a heart attack (clot in the heart) before the age of 60 years? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 917 | 8049 |
| F010613 | Has your mother had a stroke or clot in the brain before the age of 70 years? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 917 | 8050 |
| F010701 | Do you have (had) siblings? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 16076 | 10840 |
| F010702 | Do you have any brother who has (had) high blood pressure? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 22444 | 10385 |
| F010703 | Do you have any sister who has (had) high blood pressure? | Numeric | F1 | $\begin{aligned} & 0=\mathrm{No} \\ & 1=\mathrm{Yes} \end{aligned}$ | 22444 | 10443 |
| F010704 | Has any brother to you had a heart attack (clot in the heart)? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 22444 | 10610 |
| F010705 | Has any sister to you had a heart attack (clot in the heart)? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 22444 | 10617 |
| F010706 | Has any brother to you had a stroke, or clot in the brain? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 16076 | 10615 |
| F010707 | Has any sister to you had a stroke, or clot in the brain? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 16076 | 10622 |
| F010708 | Do you have siblings who died of cancer? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 15159 | 2741 |
| F010709 | Are you badly familiar with your relatives disease conditions and similar (e g parents, siblings, paternal and maternal grandparents)? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 9240 | 8822 |
| F010801 | Do you have children? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 16076 | 10851 |
| F010802 | Do any of the children suffer from long term illness? | Numeric | F1 | $\begin{aligned} & 0=\mathrm{No} \\ & 1=\text { Yes } \end{aligned}$ | 10868 | 2741 |
| F020101 | Have you ever had chest pain? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 6836 | 923 |
| F020102 | Have you ever had pressure or feeling of pressure over the chest? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 16076 | 10832 |
| F020103 | Have you ever had chest pain when you walk uphills? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 6836 | 923 |
| F020104 | Have you ever got pressure or feeling of pressure in the chest when you walk uphills? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 15159 | 2741 |


| Name | Variable label | Type | Format | Value label | Male | Female |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| F020105 | Have you ever got chest pain when you walk in normal pace on flat ground? | Numeric | F1 | $\begin{aligned} & 0=\mathrm{No} \\ & 1=\mathrm{Yes} \end{aligned}$ | 10868 | 2741 |
| F020106 | Have you ever got pressure or feeling of pressure in the chest when you have walked in normal pace on flat ground? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 15159 | 2741 |
| F020107 | Can you get pain in the chest when you are walking outdoors in chilly weather? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 6836 | 923 |
| F020108 | Can you get pressure or feeling of pressure in the chest when you are walking outdoors in chilly weather? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 16076 | 10828 |
| F020109 | Have you ever had chest pain that lasted half an hour or longer? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 22444 | 10838 |
| F020110 | Have you been in the hospital for heart attack (clot in the heart)? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 16076 | 10849 |
| F020111 | Has any doctor told you that you have angina? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 16076 | 10840 |
| F020112 | Do you use nitroglycerin tablets? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 16076 | 10842 |
| F020113 | Have you ever got pressure or feeling of pressure in the chest when you walk uphill or climb stairs? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 917 | 8081 |
| F020201 | Do you usually get pain in the calf or lower leg when you walk and does the pain cease after a short while at rest? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 16076 | 10834 |
| F020301 | Do you become breathless of walking two flights of stairs up or the equivalent at the same pace as peers? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 6836 | 923 |
| F020401 | Have you at any prior blood pressure measurement been informed that your blood pressure was high? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 22444 | 10838 |
| F020402 | Do you use tablets for high blood pressure? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 22444 | 10851 |
| F020501 | Do you use heart medicine? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 16076 | 10851 |
| F020502 | Do you regularly use liquid- (urine) driven medicine? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 16076 | 10846 |
| F030101 | Have you ever in your life smoked daily for half a year? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 16076 | 10849 |
| F030102 | Are you a smoker? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 22444 | 10271 |
| F030103 | Do you inhale? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 16076 | 9963 |
| F030104 | Have you smoked longer than 1 year? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 15159 | 2741 |
| F030105 | Have you smoked longer than 5 years? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 15159 | 2741 |
| F030106 | Have you smoked for longer than 10 years? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 16076 | 9966 |
| F030107 | Have you the last half year significantly reduced your smoking? | Numeric | F1 | $\begin{aligned} & 0=\mathrm{No} \\ & 1=\text { Yes } \end{aligned}$ | 16076 | 9962 |
| F030108 | Have you stopped smoking the last year? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 16076 | 9582 |
| F030109 | Have you stopped smoking for between 15 years ago? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 16076 | 9631 |
| F030110 | Have you stopped smoking for more than 5 years ago? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 16076 | 9868 |
| F030111 | Do you smoke daily? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 16076 | 9971 |
| F030112 | Do you smoke 10 cigarettes or more per day? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 21527 | 2741 |
| F030113 | Do you smoke 20 cigarettes or more per day? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 21527 | 2741 |


| Name | Variable label | Type | Format | Value label | Male | Female |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| F030114 | Do you smoke 30 cigarettes or more per day? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 15159 | 2741 |
| F030115 | Do you smoke 40 cigarettes or more per day? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 15159 | 2741 |
| F030116 | Do you smoke 1 cigar or 3 cigarillos per day? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 15159 | 2741 |
| F030117 | Do you smoke 2-3 cigars or 4-6 cigarillos per day? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 15159 | 2741 |
| F030118 | Do you smoke at least 3 cigars or at least 6 cigarillos per day? | Numeric | F1 | $\begin{aligned} & 0=\mathrm{No} \\ & 1=\text { Yes } \end{aligned}$ | 15159 | 2741 |
| F030119 | Do you smoke pipe? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 15159 | 2741 |
| F030120 | Do you smoke 1 package of pipe tobacco or more per week? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 15159 | 2741 |
| F030121 | Would you like to stop smoking? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 16076 | 9884 |
| F030122 | Do you use snuff or chewing tobacco? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 9240 | 9927 |
| F030123 | Do you consider that there is a relationship between smoking and development of cancer in trachea, lungs or oral cavity? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 8323 | 1818 |
| F030124 | Do you consider that there is a relationship between smoking and development of cancer in the urinary tracts? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 8323 | 1818 |
| F030125 | Do you consider that there is a relationship between smoking and development of pneumonia and chronic bronchitis? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 8323 | 1818 |
| F030126 | Do you consider that there is a relationship between smoking and development of myocardial infarction? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 8323 | 1818 |
| F030127 | Do you consider that there is a relationship between smoking and development of gangrene in the legs? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 8323 | 1818 |
| F030128 | Do you consider that there is a relationship between smoking and development of generally increased morbidity? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 8323 | 1818 |
| F030129 | Do you consider that air pollution and various environmental pollutants on the whole are more important than smoking as a health risk? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 8323 | 1818 |
| F030130 | Do you consider that hereditary factors on the whole are more important than the smoking for occurrence of various diseases that are said to be smoke dependent? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 8323 | 1818 |
| F030131 | Do you consider that medical conditions that could be induced by smoking continues to worsen even if one stops smoking? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 8323 | 1818 |
| F030132 | Do you consider that medical conditions that could be induced by smoking can be improved partially or substantially if one stops smoking? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 8323 | 1818 |
| F030133 | Do you consider that it is unknown and unproven that various disease conditions may improve if one stops smoking? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 8323 | 1818 |
| F030134 | Have you smoked between 5-9 years of time? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 917 | 6842 |
| F030135 | Have you smoked between 1-4 years of time? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 917 | 6827 |


| Name | Variable label | Type | Format | Value label | Male | Female |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| F030136 | Do you smoke 30 cigarettes or more per day, or 15 cigarillos or more per day, or 200 grams of tobacco or more per week? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 917 | 7208 |
| F030137 | Do you smoke 20 cigarettes or more per day, or 10 cigarillos or more per day, or 150 grams of tobacco or more per week? | Numeric | F1 | $\begin{aligned} & 0=\mathrm{No} \\ & 1=\text { Yes } \end{aligned}$ | 917 | 7152 |
| F030138 | Do you smoke 10 cigarettes or more per day, or 5 cigarillos or more per day, or 75 grams of tobacco or more per week? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 917 | 7044 |
| F030139 | Do you smoke of various tobacco varieties 20 grams of tobacco or more per day? (1 cigarette=1 gram) (1 cigarillo=2 grams) (1 cigarr=5 grams) (1 package of pipe tobacco=50 grams). | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 917 | 6876 |
| F040101 | Do you have difficult falling asleep at the evenings (insomnia)? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 16076 | 10839 |
| F040102 | Do you often wake up in the late night and not being able to fall back asleep? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 16076 | 10839 |
| F040103 | Do you use sleeping pills more than three times per week? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 16076 | 10847 |
| F040104 | Have you ever used sleeping pills regularly for a longer period? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 16076 | 10850 |
| F040105 | Do you get impatient facing people who speak slowly and/or provide very detailed, lengthy descriptions of simple things? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 10868 | 2741 |
| F040106 | Do you get impatient in stationary queues, such as bus or car queue, queue at post office, shop or similar? | Numeric | F1 | $\begin{aligned} & 0=\mathrm{No} \\ & 1=\text { Yes } \end{aligned}$ | 10868 | 2741 |
| F040107 | Do you like your work less now than for 5 years ago? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 15159 | 2741 |
| F040108 | Do you feel stressed in your work? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 15159 | 2741 |
| F040109 | Are you a disability pensioner (sjukpensionär)? | Numeric | F1 | $\begin{aligned} & 0=\mathrm{No} \\ & 1=\mathrm{Yes} \end{aligned}$ | 15159 | 2741 |
| F040110 | Do you have partly disability pension? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 10868 | 2741 |
| F040111 | Do you have life annuity? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 6836 | 923 |
| F040112 | Are you sick-listed at present?. Remarks: F040112 has the same wording as F091101. | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 16076 | 10842 |
| F040113 | Have you been sick-listed at at least three occasions past year? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 16076 | 10829 |
| F040114 | Have you shifted occupation or employment during the past 5 years? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 15159 | 2741 |
| F040115 | Have you shifted place of work (employer) during the past 5 years? | Numeric | F1 | $\begin{aligned} & 0=\mathrm{No} \\ & 1=\text { Yes } \end{aligned}$ | 15159 | 2741 |
| F040116 | Have you been unemployed more than 1 month past year? | Numeric | F1 | $\begin{aligned} & 0=\mathrm{No} \\ & 1=\text { Yes } \end{aligned}$ | 15159 | 2741 |
| F040117 | Have there been layoffs at your place of work or have you felt yourself layoffthreatened during past year? | Numeric | F1 | $\begin{aligned} & 0=\mathrm{No} \\ & 1=\mathrm{Yes} \end{aligned}$ | 15159 | 2741 |
| F040118 | Do you have shift work? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 15159 | 2741 |
| F040119 | Do you have piece work pay? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 15159 | 2741 |
| F040120 | Have you had a lot of overtime during past year? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 10868 | 2741 |
| F040121 | Do you have or have you had extra work (moonlighting) during the past year? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 15159 | 2741 |
| F040122 | Have you studied at home or attended courses besides your normal work past year? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 15159 | 2741 |


| Name | Variable label | Type | Format | Value label | Male | Female |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| F040123 | Have you got other duties which resulted in changed responsibility during the past year? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 15159 | 2741 |
| F040124 | Have you experienced problems or had conflicts with over- or subordinate during the past year? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 10868 | 2741 |
| F040125 | Do you experience your work as unpleasant? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 15159 | 2741 |
| F040126 | Have you the past five years experienced any period of stress (hereby referred that you have felt yourself tense, irritable or anguished) due to problems and conflicts in the work or in the home, etc? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 10868 | 2741 |
| F040127 | Have you been living under constant stress (felt yourself tense, irritable or anguished) the past year due to problems and conflicts in the work or in the home, etc? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 10868 | 2741 |
| F040128 | Have you been living under constant stress (felt yourself tense, irritable or anguished) the past 5 years due to problems and conflicts in the work or in the home, etc? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 10868 | 2741 |
| F040129 | Can you relax after a normal workday? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 15159 | 2741 |
| F040130 | Have you been treated for nervous or psychological disorders? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 16076 | 10834 |
| F040131 | Have you ever been hospitalized for psychiatric disease? | Numeric | F1 | $\begin{aligned} & 0=\mathrm{No} \\ & 1=\text { Yes } \end{aligned}$ | 16076 | 9753 |
| F040132 | Have you been married sometime before? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 15159 | 2741 |
| F040133 | Are you under legal separation now or have you divorced during the past year?. Remarks: F040133 has the same wording as F040182. | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 15159 | 2741 |
| F040134 | Have you got married or moved together with someone during the past year? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 15159 | 2741 |
| F040135 | Have you during the past year had serious conflicts or sad events (illness, death, etc.) with family members, other dependents, cohabitant or acquaintances? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 10868 | 2741 |
| F040136 | Have you changed your sexual behavior significantly during the past year? | Numeric | F1 | $\begin{aligned} & 0=\mathrm{No} \\ & 1=\text { Yes } \end{aligned}$ | 16076 | 9565 |
| F040137 | Has your income changed significantly during the past year? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 6836 | 923 |
| F040138 | Do you have financial problems? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 6836 | 923 |
| F040139 | Are you dissatisfied with your housing conditions? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 16076 | 9565 |
| F040140 | Have you changed place of residence during the past 5 years? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 6836 | 923 |
| F040141 | Are you teetotal (total abstainer)? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 20302 | 10833 |
| F040142 | Do you usually have a drink before going to a party? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 20302 | 10646 |
| F040143 | Do you in most cases drink alcohol, e g a bottle of wine or similar at weekends or public holidays? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 20302 | 10642 |
| F040144 | Do you drink a few beers, a few glasses of wine or one drink daily to unwind? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 20302 | 10654 |
| F040145 | Do you hold your liquor better now than 10 years ago? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 20302 | 10171 |
| F040146 | Do you have to think of keeping steady pace when you drink alcoholic beverages along with others? | Numeric | F1 | $\begin{aligned} & 0=\mathrm{No} \\ & 1=\mathrm{Yes} \end{aligned}$ | 19385 | 2741 |


| Name | Variable label | Type | Format | Value label | Male | Female |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| F040148 | Has it happened that you after a party do not remember how you got into bed? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 20302 | 10649 |
| F040149 | Do you usually after drinking alcohol have remorse? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 20302 | 10640 |
| F040150 | Do you usually after having partied quench (eftersläcka) with a beer the next day? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 19385 | 2741 |
| F040151 | Do you usually try not to drink alcoholic beverages a fixed time e g 'a white week'? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 19385 | 2741 |
| F040152 | Have you completed secondary school, folk high-school (=adult education centre) or similar? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 9240 | 9921 |
| F040153 | Have you completed junior secondary school (realskola), vocational school or similar? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 9240 | 9921 |
| F040154 | Have you completed elementary school (folkskola), primary school or similar? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 9240 | 9920 |
| F040155 | Do you live in a house? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 9240 | 9928 |
| F040156 | Do you live in an apartment? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 9240 | 9482 |
| F040157 | Do you live as lodger, i e in a rented room or similar? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 9240 | 8657 |
| F040160 | Is your work hectic? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 917 | 8045 |
| F040161 | Is your work monotonous? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 917 | 8050 |
| F040162 | Is your work psychically strenuous? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 917 | 8024 |
| F040163 | Do you lack the opportunity to make at least one private telephone calls of about 10 minutes duration during working hours? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 917 | 8033 |
| F040164 | Do you lack the opportunity to make a private matter of about a half an hour during working hours without asking a supervisor? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 917 | 8017 |
| F040165 | Do you lack the opportunity to receive a private visit of about 10 minutes during working hours? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 917 | 8025 |
| F040166 | Does the work demand that you work very fast? | Numeric | F1 | $\begin{aligned} & 0=\mathrm{No} \\ & 1=\text { Yes } \end{aligned}$ | 917 | 8016 |
| F040167 | Does the work demand that you work very hard? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 917 | 7994 |
| F040168 | Does the work demand too much effort? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 917 | 7925 |
| F040169 | Do you have insufficient time in your work? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 917 | 7958 |
| F040170 | Are there conflicting demands of your work? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 917 | 7945 |
| F040171 | Does your work imply that you can not get to learn yourself new things? | Numeric | F1 | $\begin{aligned} & 0=\mathrm{No} \\ & 1=\text { Yes } \end{aligned}$ | 917 | 8000 |
| F040172 | Can you perform your work without possessing special skill? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 917 | 7934 |
| F040173 | Can you perform your work without being inventive? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 917 | 7949 |
| F040174 | Are you forced to do the same things over and over again in your work? | Numeric | F1 | $\begin{aligned} & 0=\mathrm{No} \\ & 1=\text { Yes } \end{aligned}$ | 917 | 8016 |
| F040175 | Do you miss freedom to decide anything about how your work should be carried out? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 917 | 7469 |
| F040176 | Do you miss freedom to decide anything about what should be done in your work? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 917 | 7456 |


| Name | Variable label | Type | Format | Value label | Male | Female |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| F040180 | Are you married or living together with a partner at present? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 917 | 7553 |
| F040181 | Have you been married or living together with a partner for a longer time before? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 917 | 7546 |
| F040182 | Are you under legal separation now or have you divorced during the past year?. Remarks: F040182 has the same wording as F040133. | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 917 | 7548 |
| F040183 | Are you travelling or are you away from home more than one week per month? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 917 | 7553 |
| F040184 | Are you an active member of any religious community? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 917 | 7550 |
| F040185 | Do you have any relatives or friends who you can confide in? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 917 | 7537 |
| F040186 | Do you feel inferior to your partner (husband, wife)? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 917 | 7484 |
| F040190 | Have you felt that you ought to cut down your drinking of alcohol? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 917 | 8078 |
| F040191 | Have other people annoyed you by criticizing your drinking of alcohol? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 917 | 8092 |
| F040192 | Do you have on various occasions been drinking alcohol immediately in the morning to calm the nerves and cure a hangover? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 917 | 8101 |
| F040201 | Are you being exposed (so that you are irritated by it) to dust in your work? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 13017 | 2741 |
| F040202 | Are you being exposed (so that you are irritated by it) to vapors from solvents, paints, sprays or similar in your work? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 20302 | 10264 |
| F040203 | Are you being exposed (so that you are irritated by it) to smoke, exhaust gas or similar in your work? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 13934 | 10266 |
| F040204 | Have you often been exposed to asbestos products in your work? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 4694 | 923 |
| F040205 | Are you being exposed to much noise or other annoying sound in your work? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 13934 | 10251 |
| F040306 | Have you regularly or for a longer time worked with asbestos (including, e g asbestos cement, Invarit [=colored facade panel, sidings], Kvarto [=corrugated roofing shingle], insulation work, brake band work or similar)? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 9240 | 9350 |
| F040307 | Have you regularly or for a longer time been working in any of following industries: shipbuilding industry, in machine at sea, engineering industry, demolition work, construction industry? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 9240 | 9359 |
| F040308 | Have you regularly or for a longer period of time been working with rock drilling, concrete drilling, sand work, stone crushing, stone masonry, underground work, ceramic work or similar? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 9240 | 9362 |
| F040309 | Have you regularly or for a longer period of time been working in the iron works, foundry, talc grinding, tool grinding, hard metal manufacturing, welding or similar? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 9240 | 9362 |
| F040310 | Have you regularly or for a longer time been working in milling industry, bakery, threshing work, harvesting work or similar? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 8323 | 1818 |
| F050101 | Do you bike or walk to work during most of the year? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 15159 | 2741 |
| F050102 | Does the time to and from work take 5-10 minutes by bike or by foot? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 15159 | 2741 |


| Name | Variable label | Type | Format | Value label | Male | Female |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| F050103 | Does the time to and from work take 1020 minutes by bike or by foot? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 15159 | 2741 |
| F050104 | Do you have predominantly sedentary work? | Numeric | F1 | $\begin{aligned} & 0=\mathrm{No} \\ & 1=\mathrm{Yes} \end{aligned}$ | 15159 | 2741 |
| F050105 | Do you have a job where you are standing and walking most of the time? | Numeric | F1 | $\begin{aligned} & 0=\mathrm{No} \\ & 1=\text { Yes } \end{aligned}$ | 15159 | 2741 |
| F050106 | Do you in your work frequently lift and carry heavy objects (at least $10-20 \mathrm{~kg}$ )? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 15159 | 2741 |
| F050107 | Do you have a heavy manual work? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 15159 | 2741 |
| F050108 | Does the time to and from work take more than 20 minutes by bike or by foot? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 8323 | 1818 |
| F050201 | Do you devote yourself mostly to reading, television, cinema or other sedentary activities on the leisure time? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 21527 | 2741 |
| F050202 | Do you usually walk or bike for fun during the weekdays? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 21527 | 2741 |
| F050203 | Do you usually walk or bike for fun on weekends? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 21527 | 2741 |
| F050204 | Do you devote yourself to any exercise sport or heavy gardening work (in season) at least 3 hours per week? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 6836 | 923 |
| F050205 | Does the total time for walking and biking usually amount to 4 hours or more per week? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 14691 | 1818 |
| F050206 | Does the total time for walking and biking usually amount to 2-3 hours per week? | Numeric | F1 | $\begin{aligned} & \hline 0=\text { No } \\ & 1=\text { Yes } \\ & \hline \end{aligned}$ | 14691 | 1818 |
| F050207 | Does the total time for walking and biking usually amount to about 1 hour per week? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 14691 | 1818 |
| F050208 | Do you usually devote yourself to some heavier gardening work when it is season? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 8323 | 1818 |
| F050209 | Do you usually devote yourself to any physical exercise activity (e g swimming, gymnastics, badminton, tennis, folk dance, running etc) at least 3 hours per week? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 14691 | 1818 |
| F050210 | Do you usually devote yourself to any physical exercise activity (e g swimming, gymnastics, badminton, tennis, folk dance, running etc) 1-2 hours per week? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 8323 | 1818 |
| F050211 | Do you every week usually get light physical exercise in connection with walking to and from work or in the form of gardening work or similar? | Numeric | F1 | $\begin{aligned} & 0=\mathrm{No} \\ & 1=\mathrm{Yes} \end{aligned}$ | 917 | 7531 |
| F050212 | Do you regularly every week intentionally devote yourself to physical exercise of lighter kind such as walking, biking (or other activities with the same effort)? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 917 | 8099 |
| F050213 | Do you regularly every week devote yourself to more strenuous exercise (sports) such as jogging, swimming, keepfit exercises, ball games etc? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 917 | 8106 |
| F050214 | Did you regularly practice any sport during your youth? | Numeric | F1 | $\begin{aligned} & 0=\mathrm{No} \\ & 1=\mathrm{Yes} \end{aligned}$ | 917 | 8100 |
| F050215 | Are you easy to persuade to participate in physical exercise? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 917 | 7930 |
| F050216 | Do you generally feel clumsy and lost when it comes to sports and physical exercise? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 917 | 7995 |
| F050217 | Can you swim 500 meters? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 917 | 7920 |
| F050218 | Do you usually jog 2 km without resting? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 917 | 8048 |


| Name | Variable label | Type | Format | Value label | Male | Female |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| F050302 | Do you have desire to physical exercising or at all move yourself more than you do now? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 8323 | 1818 |
| F050303 | Do you believe it is good to exercise? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 8323 | 1818 |
| F050304 | Do you believe it is necessary with physical exercise to maintain a good health? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 8323 | 1818 |
| F050305 | Do you believe it is difficult to find enough time for physical exercise? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 8323 | 1818 |
| F050306 | Do you have difficulties finding any form of physical exercise that you enjoy? | Numeric | F1 | $\begin{aligned} & 0=\mathrm{No} \\ & 1=\mathrm{Yes} \end{aligned}$ | 8323 | 1818 |
| F050307 | Are you afraid of 'making a fool of yourself' in physical exercise situations? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 8323 | 1818 |
| F050308 | Do you believe that you are not able to exercise? | Numeric | F1 | $\begin{aligned} & 0=\mathrm{No} \\ & 1=\text { Yes } \end{aligned}$ | 8323 | 1818 |
| F050309 | Did you devote yourself to any sport at leasure before the age of 20 years? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 8323 | 1818 |
| F050401 | Are you 'total vegetarian' (vegan) (i e only eats vegetables)? | Numeric | F1 | $\begin{aligned} & 0=\mathrm{No} \\ & 1=\text { Yes } \end{aligned}$ | 19385 | 2741 |
| F050402 | Are you 'part vegetarian' (i e do you permit milk, cheese, egg or similar, but not meat or fish)? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 13017 | 2741 |
| F050403 | Have you been vegetarian for the past 1-2 years? | Numeric | F1 | $\begin{aligned} & 0=\mathrm{No} \\ & 1=\text { Yes } \end{aligned}$ | 13017 | 2741 |
| F050404 | Have you been vegetarian for the past 210 years? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 13017 | 2741 |
| F050405 | Have you been vegetarian for more than the past 10 years? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 13017 | 2741 |
| F050406 | Have you previously been vegetarian? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 13017 | 2741 |
| F050407 | If you are or have been vegetarian: Are you that because of some chronic medical condition to counteract this condition? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 13017 | 2741 |
| F050410 | Have you ever been prescribed any special diet? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 917 | 8095 |
| F050411 | Do you eat vegetables at least 5 days/week (vegetables as garnish does not count)? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 917 | 8089 |
| F050412 | Do you daily eat cookies or wheat bread? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 917 | 8097 |
| F050413 | Does your bread mainly consists of white bread, e g loaf of syrup bread, French bread, fine bread and similar? | Numeric | F1 | $\begin{aligned} & 0=\mathrm{No} \\ & 1=\mathrm{Yes} \end{aligned}$ | 917 | 8102 |
| F050414 | Does your bread mainly consists of coarse bread, e g crispbread, wholemeal bread, coarse unsweetened rye bread? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 917 | 8102 |
| F050415 | Do you usually cut away visible fat? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 917 | 8100 |
| F050416 | Do you consciously try to eat nutritious food? | Numeric | F1 | $\begin{aligned} & 0=\mathrm{No} \\ & 1=\mathrm{Yes} \end{aligned}$ | 917 | 8049 |
| F050417 | Do you daily sweeten any drink or dish with sugar or honey e g coffee, tea, porridge, sour milk? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 917 | 8108 |
| F050418 | Do you have representation at restaurant at least 4 days per month? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 917 | 8106 |
| F050419 | Do you daily drink or eat any milk product (e g milk, sour milk, yoghurt, cheese, cottage cheese, ice cream)? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 917 | 8110 |
| F050420 | Do you try to avoid milk or milk products (e g milk, cheese, cottage cheese, ice cream)? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 917 | 8097 |
| F050421 | Do you use grilled or heavily fried food more than 3 days per week? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 917 | 8089 |


| Name | Variable label | Type | Format | Value label | Male | Female |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| F050422 | Do you avoid eating grilled or heavily fried food? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 917 | 8078 |
| F060101 | Have you had pulmonary tuberculosis? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 15159 | 2741 |
| F060102 | Have you ever had pneumonia? | Numeric | F1 | $\begin{aligned} & 0=\mathrm{No} \\ & 1=\mathrm{Yes} \end{aligned}$ | 6836 | 923 |
| F060103 | Do you go for controls at the tuberculosis clinic for any pulmonary disease? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 15159 | 2741 |
| F060104 | Have you after 20 years of age had asthma problems? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 6836 | 923 |
| F060105 | Have you lately been bothered by coughing? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 6836 | 923 |
| F060106 | Have you lately been bothered by persistent hoarseness (during at least 3 months)? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 15159 | 2741 |
| F060107 | Do you regularly every year have more than one period with bronchial problems in the form of cough with expectorations? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 6836 | 923 |
| F060108 | Have you during any period of your life suffered from prolonged and persistent cough (cough hereby meant almost every day for several / at least 3 / consecutive months over several / at least 2 / consecutive years? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 6836 | 923 |
| F060109 | Do you usually cough up phlegm in the morning in winter? | Numeric | F1 | $\begin{aligned} & 0=\mathrm{No} \\ & 1=\mathrm{Yes} \end{aligned}$ | 6836 | 923 |
| F060110 | Have you lately observed presence of blood in sputum? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 21527 | 2741 |
| F060111 | Do you have a cold at present? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 16076 | 10833 |
| F060112 | Have you had any cold with fever during the past 3 weeks? | Numeric | F1 | $\begin{aligned} & 0=\mathrm{No} \\ & 1=\mathrm{Yes} \end{aligned}$ | 16076 | 10847 |
| F060113 | Do you usually run out of breath when you go up stairs and hills? | Numeric | F1 | $\begin{aligned} & 0=\mathrm{No} \\ & 1=\mathrm{Yes} \end{aligned}$ | 6836 | 923 |
| F060114 | Do you usually run out of breath when you walk on flat ground? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 6836 | 923 |
| F060115 | Do you run out of breath when you are hurrying yourself or are walking up a flight of stairs? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 4032 | 1818 |
| F060116 | Can you run out of breath when you walk on flat ground at normal pace together with contemporaries? | Numeric | F1 | $\begin{aligned} & 0=\mathrm{No} \\ & 1=\mathrm{Yes} \end{aligned}$ | 16076 | 10782 |
| F060117 | Can you run out of breath when you walk in your own pace on flat ground? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 8323 | 1818 |
| F060118 | Do run out of breath when you wash or dress yourself? | Numeric | F1 | $\begin{aligned} & 0=\mathrm{No} \\ & 1=\mathrm{Yes} \end{aligned}$ | 8323 | 1818 |
| F060119 | Are you disabled? | Numeric | F1 | $\begin{aligned} & 0=\mathrm{No} \\ & 1=\mathrm{Yes} \end{aligned}$ | 8323 | 1818 |
| F060120 | Do you usually cough in the mornings when you get up? | Numeric | F1 | $\begin{aligned} & \hline 0=\mathrm{No} \\ & 1=\text { Yes } \\ & \hline \end{aligned}$ | 8323 | 1818 |
| F060121 | Do you usually have cough during the day or at night? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 8323 | 1818 |
| F060122 | Have you during at least 3 months per year, the past 2 years, had daily cough problems? | Numeric | F1 | $\begin{aligned} & 0=\mathrm{No} \\ & 1=\mathrm{Yes} \end{aligned}$ | 15608 | 9901 |
| F060123 | Does some phlegm normally come up from the airways when you get up in the mornings? | Numeric | F1 | $\begin{aligned} & 0=\mathrm{No} \\ & 1=\mathrm{Yes} \end{aligned}$ | 8323 | 1818 |
| F060124 | Does some phlegm normally come up from the airways during the day or at night? | Numeric | F1 | $\begin{aligned} & 0=\mathrm{No} \\ & 1=\mathrm{Yes} \end{aligned}$ | 8323 | 1818 |
| F060125 | Has it during at least 3 months per year, the past 2 years, come up phlegm daily from the airways? | Numeric | F1 | $\begin{aligned} & 0=\mathrm{No} \\ & 1=\mathrm{Yes} \end{aligned}$ | 9240 | 9887 |


| Name | Variable label | Type | Format | Value label | Male | Female |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| F060126 | Has anyone in the family (paternal or maternal grandparents, parents, siblings, parent's siblings, children) had prolonged bronchial problems with cough and expectorations? | Numeric | F1 | $\begin{aligned} & 0=\mathrm{No} \\ & 1=\mathrm{Yes} \end{aligned}$ | 8323 | 1818 |
| F060127 | Have you in the past 3 years had any period with cough and expectorations of at least 3 weeks duration or any pneumonia or similar? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 8323 | 1818 |
| F060128 | Has anyone in the family (paternal or maternal grandparents, parents, parent's siblings, children) had: asthma, allergic rhinitis, (hay fever, pollen rhinitis), allergic eczema, hives or allergic mucosal thickening? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 8323 | 1818 |
| F060129 | Do you know yourself if or do you suspect that you have: asthma, allergic rhinitis, (hay fever, pollen rhinitis), allergic eczema or allergic mucosal thickening? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 9240 | 9861 |
| F060130 | Are you troubled by attacks with persistent dry cough? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 9240 | 9904 |
| F060131 | Do you sometimes have attacks with shortness of breath and wheezing? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 15608 | 9910 |
| F060132 | Can you get attacks of shortness of breath with wheezing if you go into an old house, a wet basement or an outhouse? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 8323 | 1818 |
| F060133 | Do you have easy to get attacks with shortness of breath with wheezing if you are exposed to humidity, fog, cold, warm or dry air? | Numeric | F1 | $\begin{aligned} & 0=\mathrm{No} \\ & 1=\text { Yes } \end{aligned}$ | 9240 | 9892 |
| F060134 | Do you easily get respiratory problems with wheezing in association with physical exertion (running, swimming, cycling, walking against the wind etc)? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 9240 | 9858 |
| F060135 | Is there central heating in the home? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 8323 | 1818 |
| F060136 | Have you repeatedly had prolonged inflammations (lungs, sinuses, ears, teeth, urinary tract etc)? | Numeric | F1 | $\begin{aligned} & 0=\mathrm{No} \\ & 1=\text { Yes } \end{aligned}$ | 8323 | 1818 |
| F060137 | Do you know if or do you suspect hypersensitivity (asthma, allergic rhinitis with tinglings in the throat, hives or allergic eczema) for bushes, trees, grass or flowers? | Numeric | F1 | $\begin{aligned} & 0=\mathrm{No} \\ & 1=\text { Yes } \end{aligned}$ | 9240 | 9868 |
| F060138 | Do you know if or do you suspect hypersensitivity (asthma, allergic rhinitis, hives or allergic eczema) for dust or pets (e g dog, cat), fur or feather? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 9240 | 9871 |
| F060139 | Do you know if or do you suspect hypersensitivity (asthma, allergic rhinitis, hives or allergic eczema) for any foodstuff (fish, egg, milk, nuts, seafood, flour or other)? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 9240 | 9866 |
| F060140 | Do you know if or do you suspect hypersensitivity (asthma, allergic rhinitis, hives or allergic eczema) for salicylic medicines (e g Albyl, Dispril, Treo Magnecyl, Idocyl etc) or preservatives or colouring matter in foodstuff? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 9240 | 9848 |
| F060141 | Have you ever been allergy tested for any substance? | Numeric | F1 | $\begin{aligned} & 0=\mathrm{No} \\ & 1=\mathrm{Yes} \end{aligned}$ | 8323 | 1818 |
| F060142 | Have you previously undergone chest Xray or mass radiography? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 8323 | 1818 |
| F070101 | Have your stool habits the past months changed character? | Numeric | F1 | $\begin{aligned} & \hline 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 22444 | 10822 |


| Name | Variable label | Type | Format | Value label | Male | Female |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| F070102 | Have you had several diarrhea periods past year (more than 3 loose stools per day)? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 16076 | 10843 |
| F070103 | Do you use laxatives regularly? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 16076 | 10844 |
| F070104 | Have you during the last period observed blood in the stool? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 16076 | 10844 |
| F070105 | Are you operated for stomach ulcers? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 16076 | 10851 |
| F070106 | Is your gall bladder surgically removed? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 15159 | 2741 |
| F070107 | Do you usually have pains or suction feelings in the pit of the stomach? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 15159 | 2741 |
| F070108 | Do you usually suffer from heartburn and acid indigestions? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 15159 | 2741 |
| F070109 | Have you several times past year had pains somewhere in your stomach? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 21527 | 2741 |
| F070110 | Do you have irregular stool (alternating constipation and loose stool)? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 15159 | 2741 |
| F070111 | Do you have hemorrhoids? | Numeric | F1 | $\begin{aligned} & 0=\mathrm{No} \\ & 1=\text { Yes } \end{aligned}$ | 4291 | 0 |
| F070112 | Have you had repeated gallstone problems? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 917 | 8091 |
| F080101 | Have you ever past year had bloody urine? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 13487 | 2741 |
| F080102 | Do you have difficulty getting started with urination? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 15159 | 2741 |
| F080103 | Has your urine stream become thin and weak? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 15159 | 2741 |
| F080104 | Have you had bladder catarrh (urinary tract infection)? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 15159 | 2741 |
| F080105 | Have you had kidney inflammation with blood in the urine (even in childhood)? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 15159 | 2741 |
| F080106 | Have you had renal pelvis inflammation? | Numeric | F1 | $\begin{aligned} & 0=\mathrm{No} \\ & 1=\text { Yes } \end{aligned}$ | 15159 | 2741 |
| F080107 | Have you in the past 5 years received sulfa or similar for infection of the urinary tract? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 15159 | 2741 |
| F080108 | Have you ever had protein in the urine? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 16076 | 10647 |
| F080109 | Have you ever had kidney stone attack? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 16076 | 10828 |
| F080110 | Have you had several kidney stone attacks? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 16076 | 9664 |
| F080111 | Are the kidneys X-rayed? | Numeric | F1 | $\begin{aligned} & 0=\mathrm{No} \\ & 1=\text { Yes } \end{aligned}$ | 15159 | 2741 |
| F080112 | Have you had repeated problems with bladder catarrh (urinary tract infections)? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 917 | 8101 |
| F080113 | Have you been subjected to broken arm or leg more than once? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 917 | 8105 |
| F080114 | Have you been subjected to other skeletal damage than arm and broken leg more than once (e g rib fracture)? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 917 | 8100 |
| F090101 | Have you had pain in the hand and finger joints past year? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 16076 | 10842 |
| F090102 | Are you troubled by joint pain? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 16076 | 10797 |
| F090103 | Do you have (had) back pain? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 16076 | 10843 |
| F090104 | Do you have (had) gout symptoms? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 9240 | 9791 |
| F090201 | Have you had anemia at some time during the past 5 years? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 15159 | 2741 |


| Name | Variable label | Type | Format | Value label | Male | Female |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| F090202 | Have you had anemia more than once the past 5 years? | Numeric | F1 | $\begin{aligned} & 0=\mathrm{No} \\ & 1=\mathrm{Yes} \end{aligned}$ | 917 | 8026 |
| F090301 | Has your appetite permanently been impaired? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 16076 | 10829 |
| F090302 | Have you against your will lost weight the recent past? | Numeric | F1 | $\begin{aligned} & 0=\mathrm{No} \\ & 1=\text { Yes } \end{aligned}$ | 22444 | 10838 |
| F090401 | Have you increased more than 10 kg in weight since the age of 30 ? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 16076 | 10826 |
| F090402 | Would you like to have help to lose weight? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 16076 | 10781 |
| F090501 | Have you had stroke or blood clot in the brain? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 16076 | 10846 |
| F090601 | Have you (had) cancer? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 16076 | 10827 |
| F090701 | Have you ever (heard that you) had sugar in the urine? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 16076 | 10819 |
| F090702 | Do you have diabetes? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 22444 | 10816 |
| F090801 | Have you been treated for goiter? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 16076 | 10839 |
| F090802 | Do you easily feel cold (hereby referred to not only hands and feet)? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 10868 | 2741 |
| F090901 | Has your eyesight deteriorated? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 16076 | 9565 |
| F091001 | Has your hearing deteriorated? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 16076 | 9565 |
| F091101 | Are you sick-listed at present?. Remarks: F091101 has the same wording as F040112 | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 10868 | 2741 |
| F091102 | Are you currently undergoing medical supervision? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 16076 | 10840 |
| F091201 | Do you feel perfectly healthy? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 22444 | 10759 |
| F091301 | Have you eaten painkillers regularly for a longer period (at least one month)? | Numeric | F1 | $\begin{aligned} & 0=\mathrm{No} \\ & 1=\text { Yes } \end{aligned}$ | 0 | 0 |
| F091302 | Do you feel almost always tired? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 8323 | 1818 |
| F091303 | Do you often feel tired during your work? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 8323 | 1818 |
| F091304 | Do you often feel tired when you come home from work? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 8323 | 1818 |
| F091305 | Do you have such a job that you often or sometimes can feel dazed or intoxicated during certain working operations? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 14691 | 1818 |
| F091306 | Do you often have headache? | Numeric | F1 | $\begin{aligned} & 0=\mathrm{No} \\ & 1=\text { Yes } \end{aligned}$ | 8323 | 1818 |
| F091307 | Do you usually get dizzy? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 8323 | 1818 |
| F091308 | Do you often get nauseous? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 8323 | 1818 |
| F091309 | Have you used painkillers regularly for a longer period (at least 1 year)? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 917 | 8102 |
| F091310 | Do you have headache more than 3 times per month? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 917 | 8079 |
| F091408 | Have you often felt tinglings in fingertips or toes? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 8323 | 1818 |
| F091409 | Has the strength in the arms or the legs decreased substantially? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 4032 | 1818 |
| F091410 | Do you think that you have got difficulties in concentrating yourself, think clearly etc, compared to before? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 14691 | 1818 |
| F091411 | Do you use any kind of breathing mask or the like in your work? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 8323 | 1818 |


| Name | Variable label | Type | Format | Value label | Male | Female |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| F100102 | Have you been fasting from 22:00 last night until you came here to the examination? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 15608 | 9925 |
| F100103 | Have you worked this night (or this morning before you came here)? | Numeric | F1 | $\begin{aligned} & 0=\mathrm{No} \\ & 1=\text { Yes } \end{aligned}$ | 9240 | 9924 |
| F100104 | Have you smoked anything this morning before the examination here? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 9240 | 9924 |
| F100105 | Were you born in another country than Sweden? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 917 | 8109 |
| F100106 | Have you immigrated to Sweden in adulthood? | Numeric | F1 | $\begin{aligned} & 0=\mathrm{No} \\ & 1=\text { Yes } \end{aligned}$ | 917 | 8104 |
| F100107 | Are you gainfully employed? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 917 | 8085 |
| F100108 | Do you run your own or partly owned company? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 917 | 8102 |
| F100109 | Do you take care of housework (not as an employee)? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 917 | 8097 |
| F100110 | Are you full-time student? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 917 | 8106 |
| F100111 | Are you completely disability pensioned (sjukpensionerad)? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 917 | 8108 |
| F100112 | Are you partly disability pensioned? | Numeric | F1 | $\begin{aligned} & 0=\mathrm{No} \\ & 1=\text { Yes } \end{aligned}$ | 917 | 7997 |
| F100113 | Are you disability pensioned since less than 1 year back? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 917 | 6966 |
| F100114 | Are you disability pensioned since 1-3 years back? | Numeric | F1 | $\begin{aligned} & 0=\mathrm{No} \\ & 1=\text { Yes } \end{aligned}$ | 917 | 6891 |
| F100115 | Are you disability pensioned since more than 3 years back? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 917 | 6848 |
| F100116 | Are you currently unemployed or laid off? | Numeric | F1 | $\begin{aligned} & 0=\mathrm{No} \\ & 1=\text { Yes } \end{aligned}$ | 917 | 8098 |
| F100117 | Have you been unemployed less than 1 year? | Numeric | F1 | $\begin{aligned} & 0=\mathrm{No} \\ & 1=\mathrm{Yes} \end{aligned}$ | 917 | 6879 |
| F100118 | Have you been unemployed between 1-3 years? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 917 | 6846 |
| F100119 | Have you been unemployed more than 3 years? | Numeric | F1 | $\begin{aligned} & 0=\mathrm{No} \\ & 1=\text { Yes } \end{aligned}$ | 917 | 6837 |
| F100199 | Are you a woman? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 917 | 8109 |
| F100201 | Do you take birth control pills? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 9240 | 9921 |
| F100202 | Are you currently pregnant? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 9240 | 9920 |
| F100203 | Did you have the first menstrual period before the age of 12 ? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 917 | 8068 |
| F100204 | Did you have the first menstrual period after the age of 15 ? | Numeric | F1 | $\begin{aligned} & 0=\mathrm{No} \\ & 1=\text { Yes } \end{aligned}$ | 917 | 7908 |
| F100205 | Has the menstruation ceased? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 917 | 8051 |
| F100206 | Did menstruation cease before the age of 40? | Numeric | F1 | $\begin{aligned} & 0=\mathrm{No} \\ & 1=\text { Yes } \end{aligned}$ | 917 | 7782 |
| F100207 | Did menstruation cease between 40 and 45 years of age? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 917 | 7719 |
| F100208 | Did menstruation cease after the age of 50? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 917 | 7541 |
| F100209 | Do you have menopausal symptoms (sweating attacks, hot flushes)? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 917 | 8073 |
| F100210 | Do you take any female hormone preparation against menopausal symptoms? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 917 | 8100 |
| F100211 | Have you given birth? | Numeric | F1 | $\begin{aligned} & 0=\mathrm{No} \\ & 1=\mathrm{Yes} \end{aligned}$ | 917 | 8103 |


| Name | Variable label | Type | Format | Value label | Male | Female |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| F100212 | Have you given birth to 3 or 4 children? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 917 | 8102 |
| F100213 | Have you given birth to more than 4 children? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 917 | 7769 |
| F100214 | Have both ovaries been surgically removed before the age of 40? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 917 | 8102 |
| F100215 | Have you had more than two inflammations of the oviducts? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 917 | 8078 |
| F100216 | Have you had more than two miscarriages? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 917 | 8098 |
| F100217 | Have you undergone more than two abortions? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 917 | 8098 |
| F100218 | Do you have a full-time job outside the home? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 917 | 8090 |
| F100219 | Do you have a half-time job outside the home? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 917 | 8094 |
| F100220 | Do you belong to any Women's organisation? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 917 | 8097 |
| F100221 | Do you have a senior position at your workplace? | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 917 | 8063 |
| Screening period |  |  |  |  |  |  |
| PERIOD1 | $\begin{aligned} & \text { Screened during the period 740901- } \\ & 780301 \end{aligned}$ | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 22444 | 10902 |
| PERIOD1B | Screened during the period 760412- 780301 | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 22444 | 10902 |
| PERIOD2 | $\begin{aligned} & \text { Screened during the period 780302- } \\ & 800330 \end{aligned}$ | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 22444 | 10902 |
| PERIOD3 | Screened during the period 800331- 830404 | Numeric | F1 | $\begin{aligned} & 0=\mathrm{No} \\ & 1=\mathrm{Yes} \end{aligned}$ | 22444 | 10902 |
| PERIOD4 | Screened during the period 830405-- | Numeric | F1 | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \end{aligned}$ | 22444 | 10902 |
| Population and Housing Census |  |  |  |  |  |  |
| SCRSEI | SEI code closest screening (Population and Housing Census, FoB). Remarks (source: SCB, MIS 1982:4): SCRSEI=11: Occupations involving the production of goods and normally requiring less than two years of postcomprehensive school education SCRSEI=12: Occupations involving service production and normally requiring less than two years of postcomprehensive school education SCRSEI=21: Occupations involving the production of goods and normally requiring two years or more of postcomprehensive school education SCRSEI=22: Occupations involving service production and normally requiring two years or more of post-comprehensive school education <br> SCRSEI=33: Occupations normally requiring less than two years of postcomprehensive school education SCRSEI=36: Occupations normally requiring two, but not three, years of postcomprehensive school education SCRSEI=46: Occupations normally requiring three, but not six, years of postcomprehensive school education SCRSEI=56: Occupations normally requiring at least six years of postcomprehensive school education SCRSEI=57: Upper-level executives in private enterprises or organisations with at leat 100 employees or upper-level executives in public service | Numeric | F2 | 11 = Unskilled employees in goods production (Ej facklärd i varuproduktion) <br> 12 = Unskilled employees in service production (Ej facklärd i tjänsteproduktion) <br> 21 = Skilled employees in goods production (Facklärd i varuproduktion) <br> 22 = Skilled employees in service production (Facklärd i tjänsteproduktion) <br> 33 = Assistant non-manual employees, lower level (Lägre tjänsteman I) <br> $36=$ Assistant non-manual employees, higher level, without or with subordinates (Lägre tjänsteman II) 46 = Intermediate non-manual employees, without or with subordinates (Tjänsteman på mellannivå) <br> 56 = Professionals and other higher non-manual employees, without or with subordinates (Högre tjänsteman/ledande befattningar (FoB80) eller Högre tjänsteman (FoB85/90)) 57 = Upper-level executives (Ledande befattningar) $60=$ Self-employed professionals (Fria yrkesutövare/akademiska yrken) | 22143 | 9603 |


| Name | Variable label | Type | Format | Value label | Male | Female |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | SCRSEI=60: Self-employed persons in occupations normally requiring at least six years of post-comprehensive school education <br> SCRSEI=79: Self-employed with unspecified number of employees, not including farmers or professionals SCRSEI=89: Farmers with unspecified number of hectares of arable or forest land |  |  | 79 = Self-employed without employees, or entrepreneurs with employees, excl farmers (Företagare, exkl lantbrukare) 89 = Farmers (Lantbrukare) 91 = Unclassified employees (Oklassificerade anställda) 95 = Pensioner (Pensionär) $96=$ Housework (Hemarbete) 97 = Student (Studerande) 98 = Part-time work (Deltidsarbete) 99 = Data not available (Uppgift saknas) |  |  |
| SCR2SEI | SEI code second nearest screening (Population and Housing Census, FoB). Remarks: See SCRSEI. | Numeric | F2 | 11 = Unskilled employees in goods production (Ej facklärd i varuproduktion) <br> 12 = Unskilled employees in service production (Ej facklärd i tjänsteproduktion) <br> 21 = Skilled employees in goods production (Facklärd i varuproduktion) <br> 22 = Skilled employees in service production (Facklärd i tjänsteproduktion) <br> 33 = Assistant non-manual employees, lower level (Lägre tjänsteman I) $36=$ Assistant non-manual employees, higher level, without or with subordinates (Lägre tjänsteman II) $46=$ Intermediate non-manual employees, without or with subordinates (Tjänsteman på mellannivå) <br> 56 = Professionals and other higher non-manual employees, without or with subordinates (Högre tjänsteman/ledande befattningar (FoB80) eller Högre tjänsteman (FoB85/90)) 57 = Upper-level executives (Ledande befattningar) $60=$ Self-employed professionals (Fria <br> yrkesutövare/akademiska yrken) <br> $79=$ Self-employed without employees, or entrepreneurs with employees, excl farmers (Företagare, exkl lantbrukare) 89 = Farmers (Lantbrukare) 91 = Unclassified employees (Oklassificerade anställda) 95 = Pensioner (Pensionär) $96=$ Housework (Hemarbete) $97=$ Student (Studerande) 98 = Part-time work (Deltidsarbete) 99 = Data not available (Uppgift saknas) | 19281 | 9741 |
| SCR3SEI | SEI code third closest screening (Population and Housing Census, FoB). Remarks: See SCRSEI. | Numeric | F2 | 11 = Unskilled employees in goods production (Ej facklärd i varuproduktion) 12 = Unskilled employees in service production (Ej facklärd i tjänsteproduktion) 21 = Skilled employees in goods production (Facklärd i varuproduktion) | 15807 | 8769 |


| Name | Variable label | Type | Format | Value label | Male | Female |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  | 22 = Skilled employees in service production (Facklärd i tjänsteproduktion) 33 = Assistant non-manual employees, lower level (Lägre tjänsteman I) <br> $36=$ Assistant non-manual employees, higher level, without or with subordinates (Lägre tjänsteman II) $46=$ Intermediate non-manual employees, without or with subordinates (Tjänsteman på mellannivå) <br> 56 = Professionals and other higher non-manual employees, without or with subordinates (Högre tjänsteman/ledande befattningar (FoB80) eller Högre tjänsteman (FoB85/90)) 57 = Upper-level executives (Ledande befattningar) $60=$ Self-employed professionals (Fria yrkesutövare/akademiska yrken) 79 = Self-employed without employees, or entrepreneurs with employees, excl farmers (Företagare, exkl lantbrukare) 89 = Farmers (Lantbrukare) 91 = Unclassified employees (Oklassificerade anställda) $95=$ Pensioner (Pensionär) $96=$ Housework (Hemarbete) 97 = Student (Studerande) 98 = Part-time work (Deltidsarbete) 99 = Data not available (Uppgift saknas) |  |  |
| SEI | SEI code (first valid value in SCRSEI, SCR2SEI, SCR3SEI according to the given order). Remarks: See SCRSEI. | Numeric | F2 | 11 = Unskilled employees in goods production (Ej facklärd i varuproduktion) <br> 12 = Unskilled employees in service production (Ej facklärd i tjänsteproduktion) <br> 21 = Skilled employees in goods production (Facklärd i varuproduktion) <br> 22 = Skilled employees in service production (Facklärd i tjänsteproduktion) <br> 33 = Assistant non-manual employees, lower level (Lägre tjänsteman I) $36=$ Assistant non-manual employees, higher level, without or with subordinates (Lägre tjänsteman II) 46 = Intermediate non-manual employees, without or with subordinates (Tjänsteman på mellannivå) <br> 56 = Professionals and other higher non-manual employees, without or with subordinates (Högre tjänsteman/ledande befattningar (FoB80) eller Högre tjänsteman (FoB85/90)) 57 = Upper-level executives (Ledande befattningar) | 21792 | 10701 |


| Name | Variable label | Type | Format | Value label | Male | Female |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  | 60 = Self-employed professionals (Fria yrkesutövare/akademiska yrken) <br> 79 = Self-employed without employees, or entrepreneurs with employees, excl farmers (Förretagare, exkl lantbrukare) 89 = Farmers (Lantbrukare) 91 = Unclassified employees (Oklassificerade anställda) 95 = Pensioner (Pensionär) $96=$ Housework (Hemarbete) $97=$ Student (Studerande) 98 = Part-time work (Deltidsarbete) 99 = Data not available (Uppgift saknas) |  |  |
| CIV60IN | Marital status according FoB60 (original value processed) | Numeric | F3 | 1 = Unmarried <br> $2=$ Married <br> 3 = Divorced <br> 4 = Widow / widower <br> $999=$ Not specified | 22444 | 10902 |
| CIV70IN | Marital status according FoB70 (original value processed) | Numeric | F3 | 1 = Unmarried <br> $2=$ Married <br> 3 = Divorced <br> 4 = Widow / widower <br> $999=$ Not specified | 22444 | 10902 |
| CIV75IN | Marital status according FoB75 (original value processed) | Numeric | F3 | 1 = Unmarried <br> $2=$ Married <br> 3 = Divorced <br> 4 = Widow / widower <br> $999=$ Not specified | 22444 | 10902 |
| CIV80IN | Marital status according FoB80 (original value processed) | Numeric | F3 | 1 = Unmarried <br> $2=$ Married <br> 3 = Divorced <br> 4 = Widow / widower <br> 999 = Not specified | 22444 | 10902 |
| CIV85IN | Marital status according FoB85 (original value processed) | Numeric | F3 | 1 = Unmarried <br> $2=$ Married <br> 3 = Divorced <br> 4 = Widow / widower <br> $999=$ Not specified | 22444 | 10902 |
| CIV90IN | Marital status according FoB90 (original value processed) | Numeric | F3 | 1 = Unmarried <br> $2=$ Married <br> 3 = Divorced <br> 4 = Widow / widower <br> $999=$ Not specified | 22444 | 10902 |
| SCRCIV | Marital status at screening (according FoB70/75/80/85/90) (original value processed) | Numeric | F3 | 1 = Unmarried <br> $2=$ Married <br> 3 = Divorced <br> 4 = Widow / widower <br> $999=$ Not specified | 22444 | 10902 |

