| UMU_pos_20mm | Department of Biobank ResearchUmeå University |
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## List of variables – VIP

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| Delivery file format | [ ]  SAS |
| [ ]  Excel |
| [ ]  Other format, please contact Åsa Ågren (asa.agren@umu.se) when this form is submitted. |

***Please check the boxes for selected variables***

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| --- | --- | --- |
| Grouping | Variable name | Categorization |
| ID-variables | [ ]  id | Id for the current study |
| [ ]  case\_control | 1 = Case0 = Control |
| [ ]  case\_set | Set for case/control |
| Backgroundvariables | [ ]  sample\_date | Date of sampling(year month day) |
| [ ]  gender | Gender1 = Male2 = Female |
| [ ]  diadat | Date of diagnosis(year month day) |
| [ ]  age | Age at date of sampling |
| [ ]  fasta | 0 = 0-4 hours fasting1 = 4-6 hours fasting2 = 6-8 hours fasting3 = >8 hours fasting |
| Medical and anthropometrical variables | [ ]  langd | Body height in centimeters |
| [ ]  vikt | Weight in kilograms |
| [ ]  bmi | Body mass  |
| [ ]  midja | Waist circumference in centimeters |
| [ ]  skol | Total cholesterol mmol/l |
| [ ]  hdl | Hdl cholesterol mmol/l |
| [ ]  ldl | Ldl cholesterol mmol/l |
| [ ]  stg | Triglycerides mmol/l |
| [ ]  blods0 | Fasting blood glucose 0-hours |
| [ ]  blods2 | Blood glucose 2-hours value |
| [ ]  sbt | Systolic blood pressure |
| [ ]  dbt | Diastolic blood pressure |
| **Questionnaire variables** | [ ]  civil | Marital status1 = Single2 = Married/partner + remarried/a new partner3 = Divorced/separated4 = Widow/widower |
| [ ]  utbild | Educational level1 = Elementary school + nine-year (compulsory) school2 = Folk high school equivalent to nine-year (compulsory) school + junior secondary school + girls’ school + vocational (training) school3 = Folk high school equivalent to upper secondary school + girls’ school equivalent to upper secondary school4 = University education/college |
| [ ]  sambo | Who do you live with?1 = Only one adult (spouse, partner)2 = Only children3 = Adult and children4 = Other/others5 = Live alone |
| [ ]  skiftarbete | Do you work shifts /weekends?1 = Yes2 = No |
| [ ]  sjukskriven | Have you been long-term sick-listed for more than 6 months?1 = Ja2=Nej |
| [ ]  ansttyp\_a – ansttyp\_i | Type of employmentansttyp\_a = Permanent employmentansttyp\_b =Temporary employment, deputyship, public relief workansttyp\_c = Works at homeansttyp\_d = Unemployedansttyp\_e = Studentansttyp\_f = Self-employedansttyp\_g = Retirement pensioner (due to illness-/in advance-/age-) full timeansttyp\_h = Retirement pensioner (due to illness-/in advance-/age-) part-timeansttyp\_i = Retirement pensioner (due to illness-/in advance-/age-) unspecified |
| [ ]  ursprungsland | *What country are you from?*1 = Sweden2 = Other country, specify (see ursprungsland\_vilket) |
| [ ]  ursprungsland\_vilket | Specifies country of origin |
| [ ]  halsojf | Overall state of health compared to others your age?1 = Better2 = About the same3 = Worse |
| [ ]  halsoal | How would you assess your overall state of health?1 = Good2 = Neither poor nor good / something in between3 = Poor |
| [ ]  halsoar | State of health during the last year?1 = Poor2 = Fairly poor3 = Tolerably4 = Fairly good5 = Very good |
| [ ]  hjartinf\_foraldrar\_syskon | Have any of your parents or siblings had a cerebral hemorrhage/thrombosis or cardiac infarction before the age of 60?1= Yes2 = No3 = Unknown |
| [ ]  diab\_foraldrar\_syskon | Do any of your parents or siblings have diabetes?1= Yes2 = No3 = Unknown  |
| [ ]  beskbltr | Have you at any occasion been informed that you have a high blood pressure?1 = Yes2 = No |
| [ ]  mediciner | Have you during the last 14 days used any of the following drugs?Blood pressure medication, **med\_C5a**1 = YesHeart/angina pectoris medication, **med\_C5b**1 = YesTranquillizers or sleeping drugs, **med\_C5c**1 = YesUlcer/gastric discomfort medication, **med\_C5d**1 = YesLipid lowering medication, **med\_C5e**1 = YesNo, I do not use any of the drugs above, **med\_C5f**1 = YesPain-relieving medication, **smartmed**1 = YesHave you, during the last 14 days, used any other prescription medication, e.g . medication for depression, epilepsy, penicillin or hormones, or any over-the-counter medication, e.g. magnecyl (ASA), vitamins, iron supplements, omega 3 or any other dietary supplements, naturopathic supplements or other supplements? – **andra\_ mediciner**1 = Yes2 = No |
| [ ]  diabet | Do you have diabetes?1 = Yes2 = No |
| [ ]  diabetesbehandling | If your answer to the diabetes question is ”Yes”, are you being treated with?diabetesbehandling\_a = Only diet and exercisediabetesbehandling\_b = Pillsdiabetesbehandling\_c = Insulindiabetsbehandling\_d = No treatment with any of the above |
| [ ]  graviditetsdiabetes | *Have you had gestational diabetes?*1 = Yes2 = No |
| [ ]  infarkt\_sjukhus | Have you been hospitalized because of a verified heart attack?1= Yes2 = No |
| [ ]  infarkt\_sjukhus\_ar | If you have been hospitalized because of a verified heart attack, in what year? |
| [ ]  sf\_1 | How would you rate your overall health?1= Excellent2 = Very good3 = Good4 = Fairly good5 = Poor |
| [ ]  sf\_2 | Compared to a year ago, how would you rate your overall health now?1 = Much better than a year ago2 = A little better than a year ago3 = About the same4 = A little worse than a year ago5 = Much worse than a year ago |
| [ ]  sf\_3a | Are you, due to your physical state of health, limited in your ability to participate in strenuous activities like running, lifting heavy objects, taking part in physically demanding sports?1 = Yes, very limited2 = Yes, a little limited3 = No, not limited at all |
| [ ]  sf\_3b | Are you, due to your physical state of health, limited in your ability to participate in moderately demanding activities like moving a table, vacuuming, walking in the forest or gardening?1 = Yes, very limited2 = Yes, a little limited3 = No, not limited at all |
| [ ]  sf\_3c | Are you, due to your physical state of health, limited in your ability to participate in moderately demanding activities like lifting or carrying grocery bags?1 = Yes, very limited2 = Yes, a little limited3 = No, not limited at all |
| [ ]  sf\_3d | Are you, due to your physical state of health, limited in your ability to participate in moderately demanding activities like walking up several stairs?1 = Yes, very limited2 = Yes, a little limited3 = No, not limited at all |
| [ ]  sf\_3e | Are you, due to your physical state of health, limited in your ability to participate in moderately demanding activities like walking up one flight of stairs?1 = Yes, very limited2 = Yes, a little limited3 = No, not limited at all |
| [ ]  sf\_3f | Are you, due to your physical state of health, limited in your ability to participate in moderately demanding activities like bending down or kneeling?1 = Yes, very limited2 = Yes, a little limited3 = No, not limited at all |
| [ ]  sf\_3g | Are you, due to your physical state of health, limited in your ability to participate in moderately demanding activities like walking more than 2 kilometers?1 = Yes, very limited2 = Yes, a little limited3 = No, not limited at all |
| [ ]  sf\_3h | Are you, due to your physical state of health, limited in your ability to participate in moderately demanding activities like walking more than a few hundred meters?1 = Yes, very limited2 = Yes, a little limited3 = No, not limited at all |
| [ ]  sf\_3i | Are you, due to your physical state of health, limited in your ability to participate in moderately demanding activities like walking a hundred meters?1 = Yes, very limited2 = Yes, a little limited3 = No, not limited at all |
| [ ]  sf\_3j | Are you, due to your physical state of health, limited in your ability to participate in moderately demanding activities like bathing or getting dressed?1 = Yes, very limited2 = Yes, a little limited3 = No, not limited at all |
| [ ]  sf\_4a | During the last four weeks, have you as a consequence of your physical state of health, spent less time than normal at work or in other activities?1 = Yes2 = No |
| [ ]  sf\_4b | During the last four weeks, have you as a consequence of your physical state of health, done less than you wanted?1 = Yes2 = No |
| [ ]  sf\_4c | During the last four weeks, have you as a consequence of your physical state of health, not been able to perform certain work tasks or other activities?1 = Yes2 = No |
| [ ]  sf\_4d | During the last four weeks, have you as a consequence of your physical state of health, been limited in your ability to perform certain work tasks or other activities?1 = Yes2 = No |
| [ ]  sf\_5a | During the last four weeks, have you as a consequence of emotional problems spent less time than normal at work or in other activities?1 = Yes2 = No |
| [ ]  sf\_5b | During the last four weeks, have you as a consequence of emotional problems done less than you wanted?1 = Yes2 = No |
| [ ]  sf\_5c | During the last four weeks, have you as a consequence of emotional problems been less thorough than usual in work or other activities?1 = Yes2 = No |
| [ ]  sf\_6 | During the last four weeks, to what extent have your physical or emotional health disrupted your usual social life with family, friends, neighbors or others?1 = Not at all2 = A little3 = Moderately4 = Much5 = Very much |
| [ ]  sf\_7 | How much ache or pain have you felt during the last four weeks?1 = None2 = Very little3 = Little4 = Moderate5 = Severe6 = Very severe |
| [ ]  sf\_8 | During the last four weeks, how much has the aching or pain disturbed your normal work?1 = Not at all2 = A little3 = Moderately4 = Much5 = Very much |
| [ ]  sf\_9a | For how much of the time during the last four weeks have you felt really alert and strong?1 = All of the time2 = Most of the time3 = Much of the time4 = Part of the time5 = A little of the time6 = None of the time |
| [ ]  sf\_9b | For how much of the time during the last four weeks have you felt very nervous?1 = All of the time2 = Most of the time3 = Much of the time4 = Part of the time5 = A little of the time6 = None of the time |
| [ ]  sf\_9c | For how much of the time during the last four weeks have you felt so depressed that nothing could cheer you up?1 = All of the time2 = Most of the time3 = Much of the time4 = Part of the time5 = A little of the time6 = None of the time |
| [ ]  sf\_9d | For how much of the time during the last four weeks have you felt calm and serene?1 = All of the time2 = Most of the time3 = Much of the time4 = Part of the time5 = A little of the time6 = None of the time |
| [ ]  sf\_9e | For how much of the time during the last four weeks have you felt full of energy?1 = All of the time2 = Most of the time3 = Much of the time4 = Part of the time5 = A little of the time6 = None of the time |
| [ ]  sf\_9f | For how much of the time during the last four weeks have you felt gloomy and sad?1 = All of the time2 = Most of the time3 = Much of the time4 = Part of the time5 = A little of the time6 = None of the time |
| [ ]  sf\_9g | For how much of the time during the last four weeks have you felt worn out?1 = All of the time2 = Most of the time3 = Much of the time4 = Part of the time5 = A little of the time6 = None of the time |
| [ ]  sf\_9h | For how much of the time during the last four weeks have you felt happy?1 = All of the time2 = Most of the time3 = Much of the time4 = Part of the time5 = A little of the time6 = None of the time |
| [ ]  sf\_9i | For how much of the time during the last four weeks have you felt tired?1 = All of the time2 = Most of the time3 = Much of the time4 = Part of the time5 = A little of the time6 = None of the time |
| [ ]  sf\_10 | During the last four weeks, how much of the time has your physical health or your emotional problems limited your ability to interact with others (e.g. visiting relatives and friends etc.)?1 = All of the time2 = Most of the time3 = Part of the time4 = A little of the time5 = None of the time |
| [ ]  sf\_11a | I seem to get sick a little more often than other people.1 = Altogether true2 = Mostly true3 = Unsure4 = Not very true5 = Not at all true |
| [ ]  sf\_11b | I am as healthy as anyone I know.1 = Totally true2 = Mostly true3 = Unsure4 = Not very true5 = Not at all true |
| [ ]  sf\_11c | I believe my health will worsen.1 = Totally true2 = Mostly true3 = Unsure4 = Not very true5 = Not at all true |
| [ ]  sf\_11d | My health is excellent1 = Totally true2 = Mostly true3 = Unsure4 = Not very true5 = Not at all true |
| [ ]  livskvalitet | Indicate how satisfied you are with your situation in different aspects.Very poor = 1 …. Excellent = 7livskvalitet\_d1 = Home and family situationlivskvalitet\_d2 = Ackommodationlivskvalitet\_d3 = Work situationlivskvalitet\_d4 = Economylivskvalitet\_d5 = Leisure timePersons can experience changes within themselves during the years. Try to indicate how you feel now.Very bad = 1 …. Excellent = 7livskvalitet\_d6 = Hearinglivskvalitet\_d7 = Visionlivskvalitet\_d8 = Memorylivskvalitet\_d9 = Fitnesslivskvalitet\_d10 = Appetitelivskvalitet\_d11 = Moodlivskvalitet\_d12 = Energylivskvalitet\_d13 = Patiencelivskvalitet\_d14 = Confidencelivskvalitet\_d15 = SleepDo you feel important and appreciated1 = Not at all …. 7 = Very muchlivskvalitet\_d16 = outside your home?livskvalitet\_d17 = in your home? |
| [ ]  sockont | How many people do you know and have contact with, which have the same interests as you do?1 = No one2 = 1-2 persons3 = 3-5 persons4 = 6-10 persons5 = 11-15 persons6 = > 15 persons |
| [ ]  socsam | How many people, that you know, do you meet or talk with during a normal week?1 = No one2 = 1-2 persons3 = 3-5 persons4 = 6-10 persons5 = 11-15 persons6 = > 15 persons |
| [ ]  soclago | Would you say that the number of people that you meet in your everyday life is enough? Would you like to meet more or fewer people?1 = Fewer2 = Sufficiently enough3 = More |
| [ ]  sochem | How many friends do you have, who can come to your home at any time and feel at home? (You would not care if the house was not clean or if you were eating. Do not count close relatives.)1 = No one2 = 1-2 persons3 = 3-5 persons4 = 6-10 persons5 = 11-15 persons6 = > 15 persons |
| [ ]  soctala | How people can you speak openly with without being careful about what you are saying?1 = No one2 = 1-2 persons3 = 3-5 persons4 = 6-10 persons5 = 11-15 persons6 = > 15 persons |
| [ ]  socstod | Is there someone in particular that you can really get support from?1 = Yes2 = Yes, but I do not need it3 = No |
| [ ]  socnara | Is there a special person who feels that he or she is very close to you?1 = Yes2 = Not sure3 = No |
| [ ]  soclyck | Do you have a special person who you can share your innermost feelings with when you are happy? Somebody who is happy because you are happy?1 = Yes2 = No |
| [ ]  socanfo | Do you have someone to share your innermost feelings with and confide in?1 = Yes2 = No |
| [ ]  soctrost | Does it happen sometimes that someone hugs you to comfort and support you?1 = Yes2 = No |
| [ ]  socupps | Do you think that the ones at home or others appreciate what you do?1 = Yes2 = Not enough3 = No, not at all |
| [ ]  soclana | Are there people around you who you easily can ask for favors from, e.g. borrowing tools or kitchen utensils?1 = Yes2 = No |
| [ ]  sochelp | Apart from the ones at home, is there anyone you can turn to when you are in trouble?1 = Yes2 = No |
| [ ]  socdelta | Have you, during the last year, participated in any association, voluntary organization etc. together with other people (e.g. sports, study circle, theatre group, choir, political group)?1 = Yes2 = No |
| [ ]  socofta | How often do you engage in clubs, associations, study circles etc. together with others?1 = 1-2 times per year2 = 1-2 times per month3 = 1-2 times per week4 = Every day5 = Unknown |
| [ ]  socforening | What associations etc. do you participate in?socforening\_a = Sports, physical exercisesocforening\_b = Study circlesocforening\_c = Theatre groupsocforening\_d = Choirsocforening\_e = Other association |
| [ ]  arbfys | Is your job physically heavy?1 = Yes often2 = Yes sometimes3 = No rarely4 = No as good as never |
| [ ]  arbfort | Does your job demand you to work very fast?1 = Yes often2 = Yes sometimes3 = No rarely4 = No as good as never |
| [ ]  arbpsyk | Is your job mentally demanding?1 = Yes often2 = Yes sometimes3 = No rarely4 = No as good as never |
| [ ]  arbhin | Do you have enough time for your assignments?1 = Yes often2 = Yes sometimes3 = No rarely4 = No as good as never |
| [ ]  arbkrav | Are there contradictory demands in your job?1 = Yes often2 = Yes sometimes3 = No rarely4 = No as good as never |
| [ ]  arbnytt | Do you get to learn new things in your job?1 = Yes often2 = Yes sometimes3 = No rarely4 = No as good as never |
| [ ]  arbski | Does your job demand skill?1 = Yes often2 = Yes sometimes3 = No rarely4 = No as good as never |
| [ ]  arbide | Does your job require ingenuity or creativity?1 = Yes often2 = Yes sometimes3 = No rarely4 = No as good as never |
| [ ]  arbrut | Does your job mean doing the same things over and over again?1 = Yes often2 = Yes sometimes3 = No rarely4 = No as good as never |
| [ ]  arbhur | Do you have control over how your workday is planned and executed?1 = Yes often2 = Yes sometimes3 = No rarely4 = No as good as never |
| [ ]  arbvad | Do you have control over your own work assignment?1 = Yes often2 = Yes sometimes3 = No rarely4 = No as good as never |
| [ ]  arbtala | Is it usually possible for you to speak with your colleagues during breaks , if you want to?1 = Yes, always2 = Yes, most of the time3 = No, I do not have breaks4 = No, I do not have breaks with colleagues |
| [ ]  arblamna | Is it possible for you to leave your work for a while if you want to speak with a colleague?1 = Yes, most of the time2 = Yes, sometimes3 = Only for urgent matters4 = No, it is totally impossible |
| [ ]  arbkontakt | Do you, as a part of your work, have a lot of contacts with your colleagues?1 = Yes, a lot2 = One or a few times per month3 = No, I mostly work alone4 = Seldom or never |
| [ ]  arbfritid | How often do you spend leisure time together with one or more of your colleagues?1 = One or more times per week2 = One or more times per week3 = One or more times per year4 = Seldom or never |
| [ ]  arbbesok | When was the last time a colleague visited you at home?1 = One to four weeks ago2 = One to twelve months ago3 = More than a year ago4 = I have never been visited by a colleague  |
| [ ]  g1\_a - g1\_d | Indicate in the table below the way you usually travel to and from work for each seasonSpring, **g1\_a**1 = By car2 = By bus3 = Walking4 = By bicycleSummer, **g1\_b**1 = By car2 = By bus3 = Walking4 = By bicycleAutumn, **g1\_c**1 = By car2 = By bus3 = Walking4 = By bicycleWinter, **g1\_d**1 = By car2 = By bus3 = Walking4 = By bicycle |
| [ ]  antal\_km | Distance to work in kilometers |
| [ ]  g2\_a – g2\_e | Indicate the alternative that best describes your workg2\_a = Sedentary or standingg2\_b = Light but partly physically activeg2\_c = Light and physically activeg2\_d = Sometimes physically strainingg2\_e = Physically straining most of the time |
| [ ]  g3\_a | How often do you take a walk during leisure time?0 = Never1 = 1-2 times a month2 = 3-4 times a month3 = 2-3 times a week4 = Every day |
| [ ]  g3\_b | How often do you ride a bike during leisure time?0 = Never1 = 1-2 times a month2 = 3-4 times a month3 = 2-3 times a week4 = Every day |
| [ ]  g3\_c | How often do you dance during leisure time?0 = Never1 = 1-2 times a month2 = 3-4 times a month3 = 2-3 times a week4 = Every day |
| [ ]  g3\_d | How often do you shovel snow during leisure time?0 = Never1 = 1-2 times a month2 = 3-4 times a month3 = 2-3 times a week4 = Every day |
| [ ]  g3\_e | How often do you engage in gardening during leisure time?0 = Never1 = 1-2 times a month2 = 3-4 times a month3 = 2-3 times a week4 = Every day |
| [ ]  g3\_f | How often do you hunt or fish during leisure time?0 = Never1 = 1-2 times a month2 = 3-4 times a month3 = 2-3 times a week4 = Every day |
| [ ]  g3\_g | How often do you pick berries or mushrooms during leisure time?0 = Never1 = 1-2 times a month2 = 3-4 times a month3 = 2-3 times a week4 = Every day |
| [ ]  g4 | Have you changed your ”everyday exercise” during the last year?1 = Decreased a lot2 = Decreased somewhat3 = As before4 = Increased somewhat5 = Increased a lot |
| [ ]  g5 | ”The everyday exercise I get satisfies my need to move”. Is this assertion true for you?1 = Not at all2 = Rather poorly3 = Partly4 = Completely |
| [ ]  g6 | How often have you been training or exercising in exercise outfit during the last three months with the purpose to enhance your condition and/or to feel good?1 = Never2 = Every now and then – not regularly3 = 1-2 times/week4 = 2-3 times/week5 = More than 3 times/week |
| [ ]  g7 | If you exercise – have you changed your exercising habits during the last year?1 = Decreased a lot2 = Decreased somewhat3 = As before4 = Increased somewhat5 = Increased a lot |
| [ ]  g8 | How physically active were you before you turned 20?1 = Freed from school gymnastics2 = Participated only in school gymnastics3 = Trained without competing4 = Participated in both training and competitions (not on an competitive level)5 = Trained and participated in competitive athleticsNumbers with two or more digits indicate combined options.  |
| [ ]  g9 | How much have you exerted yourself physically during the last 12 months?If your activity level varies between e.g. summer and winter, try to take an average.1 = Sedentary leisure time. You engage mostly in reading, watching TV, cinema or other sedentary activities in your leisure time. You walk, bike, or move otherwise less than two hours a week.2 = Moderate exercise in leisure time.You walk, bike or move otherwise in at least 2 hours a week, mostly without sweating. Included are e.g. walking or biking to and from work, other walking, heavier household work, ordinary gardening, fishing, table tennis, bowling.3 = Moderate, regular exercise in leisure time. You exercise regularly 1-2 times a week, at least 30 minutes each time. E.g. running, swimming, tennis, badminton or other activity that makes you sweat.4 = Regular exerciseYou engage in running, swimming, tennis, badminton, [keep-fit exercises](http://tyda.se/search/keep-fit%20exercises?w_lang=en) or similar activities in at an average at least three times a week. Each time lasts at least 30 minutes.  |
| [ ]  g10 | How much time do you spend in an ordinary week in moderately strenuous activities making you feel warm? (e.g. brisk walks, gardening, heavier household work, biking, swimming. It may vary during the year, but try to take an average.)1 = 5 hours per week or more2 = More than 3 hours, but less than 5 hours per week3 = 1-3 hours per week4 = Not more than 1 hour per week5 = No time at all6 = Do not know/can not answer |
| [ ]  g11a\_h – g11b\_ej | *How much time have you, each day during the last 7 days, spent sitting during work, studies and transportation, at home and during your leisure time?*Try to estimate an average amount of hours sitting, e.g. at a desk, at a friend´s house, riding in a car or a bus, sitting eating or talking, in front of the computer, watching a film or TV.Hours weekdays, **g11a\_h**Minutes weekdays, **g11a\_m**Do not know weekdays, **g 11a\_ej**Hours weekends and holidays, **g11b\_h**Minutes weekends and holidays, **g11b\_m**Do not know weekends and holidays, **g11b\_ej** |
| [ ]  motion**Applies only to the older parts in VIP** | How much do you exercise in your leisure time?0 = Virtually nothing1 = Every now and then2 = Regularly about once a week3 = Regularly about twice a week 4 = Regularly quite physically straining at least twice a week |
| [ ]  motion2**Applies only to the older parts in VIP** | How often do you exercise?1 = Never2 = 1-2 times/month3 = 1 time/week4 = 2-3 times/week5 = 4 or more times/week |
| [ ]  sleep\_h7a-sleep\_h7h | *How big is the risk that you drift off or fall asleep in the following situations, in contrast to just feeling tired?*This applies to your usual way of living lately. Even if you have not done all this recently, try to indicate how it would have affected you.sleep\_h7a Sitting and reading1 = None2 = Little3 = Moderate4 = Bigsleep\_h7b Watching TV(same alternatives as above)sleep\_h7c Sitting inactive in a public place (e.g. theatre or a meeting)(same alternatives as above)sleep\_h7d As a passenger in a car for one hour without break.(same alternatives as above)sleep\_h7e Lying down resting in the afternoon if conditions permit.(same alternatives as above)sleep\_h7f Sitting and talking with someone.(same alternatives as above)sleep\_h7g Sitting still after having lunch (without alcohol)(same alternatives as above)sleep\_h7h In a car which has stopped for a few minutes in the traffic.(same alternatives as above) |
| [ ]  sleep\_h8a | *Do you snore when you sleep?*1 = Yes, always2 = Yes, almost always3 = Yes, sometimes4 = No, almost never5 = No, never6 = Do not know |
| [ ]  sleep\_h8b | *Have your husband/wife/partner noticed that you have breath-holds when you sleep?*1 = Yes, always2 = Yes, almost always3 = Yes, sometimes4 = No, almost never5 = No, never6 = Do not know |
| [ ]  i1 | *Are you a teetotaler?*1 = Yes2 = No |
| [ ]  i2 | *Have you ever felt that you ought to drink less alcohol?*1 = Yes2 = No |
| [ ]  i3 | *Have other people annoyed you by criticizing your alcohol consumption?*1 = Yes2 = No |
| [ ]  i4 | *Have you ever felt uneasy or guilty because of your way of drinking?*1 = Yes2 = No |
| [ ]  i5 | *Have you ever drunk alcohol first thing in the morning to calm down or cure a hangover?*1 = Yes2 = No |
| [ ]  j1 | *How often do you drink alcohol?*1 = Never2 = 1 time/month or more seldom3 = 2-4 times/month4 = 2-3 times/week5 = 4 times/week or more |
| [ ]  j2 | *How many glasses do you usually drink on a day when you drink alcohol?*One glass:50 cl medium-strong beer33 cl beer with alcohol content exceeding 3,5% by volume1 glass red or white wine1 small glass fortified wine4 cl liquor, e.g. whisky1 = 0-2 glasses2 = 3-4 glasses3 = 5-6 glasses4 = 7-9 glasses5 = 10 glasses or more |
| [ ]  j3 | *How often do you drink six or more such glasses at the same occasion?*1 = Never2 = More seldom than once a month3 = Every month4 = Every week5 = Daily or almost daily |
| [ ]  j4 | *How often during the last year have you not been able to stop drinking after you started to drink?*1 = Never2 = More seldom than once a month3 = Every month4 = Every week5 = Daily or almost daily |
| [ ]  j5 | *How often during the last year have you not done something you should have done because of your drinking?*1 = Never2 = More seldom than once a month3 = Every month4 = Every week5 = Daily or almost daily |
| [ ]  j6 | *How often during the last year have you needed a drink in the morning to recover after drinking the day before?*1 = Never2 = More seldom than once a month3 = Every month4 = Every week5 = Daily or almost daily |
| [ ]  j7 | *How often during the last year have you felt guilt or remorse because of your drinking?*1 = Never2 = More seldom than once a month3 = Every month4 = Every week5 = Daily or almost daily |
| [ ]  j8 | *How often during the last year did you drink so much that you the next day not was able to remember what you said or did the day before?*1 = Never2 = More seldom than once a month3 = Every month4 = Every week5 = Daily or almost daily |
| [ ]  j9 | *Have you or anyone you know been hurt physically because of your drinking?*1= No2 = Yes, but not during the last year3 = Yes, during the last year |
| [ ]  j10 | *Has a relative, a friend, a doctor (or other medical personnel) been worried about your drinking or suggested that you should drink less?*1= No2 = Yes, but not during the last year3 = Yes, during the last year |
| **Smoke and snuff***Some assumptions have been made to correct for difficulties when interpreting the raw data due to the configuration of the questionnaire.* | [ ]  sm\_status | *Smoking status:*1 = Smoker2 = Former smoker3 = Non-smoker4 = Occasional smoker5 = Former occasional smoker |
| [ ]  sm\_cig\_groups | *Number of cigarettes smoked per day:*1 = 1-42 = 5-143 = 15-244 = >25 |
| [ ]  sm\_num\_cig | *Number of cigarettes smoked per day* |
| [ ]  sm\_num\_cigar | *Number of cigars smoked per day (in some questionnaires cigars per week, in these cases the number has been divided by 7)* |
| [ ]  sm\_gr\_tobacco | *Grams of tobacco smoked per week* |
| [ ]  sm\_how\_often | *How often do you smoke? (Question answered by participants who answered “Yes, I smoke occasionally, not daily”)*1 = Less than 1 day/month2 = 1-3 days/month3 = Usually 1 day/week4 = Usually 2-4 days/week5 = Almost every day |
| [ ]  sm\_start | *Age when the participant started smoking* |
| [ ]  sm\_stop | *Age when the participant stopped smoking* |
| [ ]  sm\_duration | *Years smoking calculated from sm\_start and sm\_stop*For those who say they smoke and has not given a value for sm\_stop, sm\_duration is given up until date of questionnaire. **Note that the information in sm\_duration might be misleading for smokers who have stopped smoking at some point (and then started again).** |
| [ ]  sm\_whystop\_1 | *Stopped smoking for health reasons, on own initiative*1 = Yes |
| [ ]  sm\_whystop\_2 | *Stopped smoking after advice from physician/health personnel*1 = Yes |
| [ ]  sm\_whystop\_3 | *Stopped smoking after receiving other information*1 = Yes |
| [ ]  sm\_whystop\_4 | *Stopped smoking after pressure from friends/family members*1 = Yes |
| [ ]  sm\_whystop\_5 | *Stopped smoking for other reasons*1 = Yes |
| [ ]  sn\_status | *Snuffer status*1 = Using snuff2 = Former snuff user3 = Not using snuff |
| [ ]  sn\_quantity | *Snuff - number of boxes per week*1 = Less than 22 = 2 to 43 = More than 4 but less than 74 = 7 or more |
| [ ]  sn\_time | *Years using snuff* |
| [ ]  sn\_stopsmoke\_a | *Did you start using snuff when you stopped smoking?*1 = Yes2 = No3 = I am smoking and using snuff |
| [ ]  sn\_stopsmoke\_b | *Did you start using snuff when you stopped smoking?*1 = Yes2 = No |
| [ ]  sn\_nicotine\_replace | Did you use nicotine replacement therapy in order to stop using snuff?1 = Yes2 = No |
| [ ]  sm\_nicotine\_replace | Did you use nicotine replacement therapy in order to stop smoking?1 = Yes2 = No |
| [ ]  nicotine\_replace | Are you still using nicotine replacement therapy even though you are not using snuff or smoking any longer?1 = Yes2 = No |
| [ ]  sm\_yes\_no | *Smoking (concerns participants without smoke data from VIP questionnaire)*0 = Non-smoker/no answer1 = Smoker |
| [ ]  sn\_yes\_no | *Snuff using (concerns participants without snuff data from VIP questionnaire)*0 = Not using snuff/no answer1 = Using snuff |

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| Cambridge index for physical activity\* |
| [ ]  pa\_index | *Physical activity index*1 = Inactive2 = Moderately inactive3 = Moderately active4 = ActiveIf value is missing in one of the two included variables, the missing value is replaced by the lowest level of activity for that variable. |
| [ ]  pa\_index\_miss | *Physical activity index*1 = Inactive2 = Moderately inactive3 = Moderately active4 = ActiveIf value is missing in one of the two included variables, the participant is excluded. |
| [ ]  occup\_pa\_miss | Value is missing for physical activity during work. |
| [ ]  leisure\_pa\_miss | Value is missing for physical activity during leisure time. |

**\*** The Cambridge physical activity index is a validated index based on two questions in the VIP questionnaire related to physical activity in work (g2) and in leisure time (g6). (Interact Consortium “Validity of a short questionnaire to asses physical activity in 10 European countries”. Eur J Epidemiol. 2012 Jan;27(1):15-25)