| UMU_pos_20mm | Department of Biobank Research Umeå 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](mailto: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 = Case  0 = Control |
| case\_set | Set for case/control |
| Backgroundvariables | sample\_date | Date of sampling  (year month day) |
| gender | Gender  1 = Male  2 = Female |
| diadat | Date of diagnosis  (year month day) |
| age | Age at date of sampling |
| fasta | 0 = 0-4 hours fasting  1 = 4-6 hours fasting  2 = 6-8 hours fasting  3 = >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 status 1 = Single  2 = Married/partner + remarried/a new partner  3 = Divorced/separated  4 = Widow/widower |
| utbild | Educational level 1 = Elementary school + nine-year (compulsory) school  2 = Folk high school equivalent to nine-year (compulsory) school  + junior secondary school + girls’ school + vocational (training) school  3 = Folk high school equivalent to upper secondary school + girls’ school equivalent to upper secondary school  4 = University education/college |
| sambo | Who do you live with? 1 = Only one adult (spouse, partner)  2 = Only children  3 = Adult and children  4 = Other/others  5 = Live alone |
| skiftarbete | Do you work shifts /weekends? 1 = Yes  2 = No |
| sjukskriven | Have you been long-term sick-listed for more than 6 months? 1 = Ja  2=Nej |
| ansttyp\_a – ansttyp\_i | Type of employment ansttyp\_a = Permanent employment  ansttyp\_b =Temporary employment, deputyship, public relief work  ansttyp\_c = Works at home  ansttyp\_d = Unemployed  ansttyp\_e = Student  ansttyp\_f = Self-employed  ansttyp\_g = Retirement pensioner (due to illness-/in advance-/age-) full time  ansttyp\_h = Retirement pensioner (due to illness-/in advance-/age-) part-time  ansttyp\_i = Retirement pensioner (due to illness-/in advance-/age-) unspecified |
| ursprungsland | *What country are you from?*  1 = Sweden  2 = Other country, specify (see ursprungsland\_vilket) |
| ursprungsland\_vilket | Specifies country of origin |
| halsojf | Overall state of health compared to others your age? 1 = Better  2 = About the same  3 = Worse |
| halsoal | How would you assess your overall state of health? 1 = Good  2 = Neither poor nor good / something in between  3 = Poor |
| halsoar | State of health during the last year? 1 = Poor  2 = Fairly poor  3 = Tolerably  4 = Fairly good  5 = 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= Yes  2 = No  3 = Unknown |
| diab\_foraldrar\_syskon | Do any of your parents or siblings have diabetes?  1= Yes  2 = No  3 = Unknown |
| beskbltr | Have you at any occasion been informed that you have a high blood pressure?  1 = Yes  2 = No |
| mediciner | Have you during the last 14 days used any of the following drugs? Blood pressure medication, **med\_C5a**  1 = Yes  Heart/angina pectoris medication, **med\_C5b**  1 = Yes  Tranquillizers or sleeping drugs, **med\_C5c**  1 = Yes  Ulcer/gastric discomfort medication, **med\_C5d**  1 = Yes Lipid lowering medication, **med\_C5e** 1 = Yes No, I do not use any of the drugs above, **med\_C5f** 1 = Yes Pain-relieving medication, **smartmed** 1 = Yes  Have 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 = Yes  2 = No |
| diabet | Do you have diabetes? 1 = Yes  2 = No |
| diabetesbehandling | If your answer to the diabetes question is ”Yes”, are you being treated with? diabetesbehandling\_a = Only diet and exercise  diabetesbehandling\_b = Pills  diabetesbehandling\_c = Insulin  diabetsbehandling\_d = No treatment with any of the above |
| graviditetsdiabetes | *Have you had gestational diabetes?*  1 = Yes  2 = No |
| infarkt\_sjukhus | Have you been hospitalized because of a verified heart attack? 1= Yes  2 = 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= Excellent  2 = Very good  3 = Good  4 = Fairly good  5 = Poor |
| sf\_2 | Compared to a year ago, how would you rate your overall health now?  1 = Much better than a year ago  2 = A little better than a year ago  3 = About the same  4 = A little worse than a year ago  5 = 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 limited  2 = Yes, a little limited  3 = 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 limited  2 = Yes, a little limited  3 = 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 limited  2 = Yes, a little limited  3 = 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 limited  2 = Yes, a little limited  3 = 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 limited  2 = Yes, a little limited  3 = 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 limited  2 = Yes, a little limited  3 = 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 limited  2 = Yes, a little limited  3 = 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 limited  2 = Yes, a little limited  3 = 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 limited  2 = Yes, a little limited  3 = 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 limited  2 = Yes, a little limited  3 = 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 = Yes  2 = 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 = Yes  2 = 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 = Yes  2 = 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 = Yes  2 = 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 = Yes  2 = No |
| sf\_5b | During the last four weeks, have you as a consequence of emotional problems done less than you wanted?  1 = Yes  2 = 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 = Yes  2 = 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 all  2 = A little  3 = Moderately  4 = Much  5 = Very much |
| sf\_7 | How much ache or pain have you felt during the last four weeks?  1 = None  2 = Very little  3 = Little  4 = Moderate  5 = Severe  6 = Very severe |
| sf\_8 | During the last four weeks, how much has the aching or pain disturbed your normal work?  1 = Not at all  2 = A little  3 = Moderately  4 = Much  5 = 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 time  2 = Most of the time  3 = Much of the time  4 = Part of the time  5 = A little of the time  6 = 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 time  2 = Most of the time  3 = Much of the time  4 = Part of the time  5 = A little of the time  6 = 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 time  2 = Most of the time  3 = Much of the time  4 = Part of the time  5 = A little of the time  6 = 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 time  2 = Most of the time  3 = Much of the time  4 = Part of the time  5 = A little of the time  6 = 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 time  2 = Most of the time  3 = Much of the time  4 = Part of the time  5 = A little of the time  6 = 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 time  2 = Most of the time  3 = Much of the time  4 = Part of the time  5 = A little of the time  6 = 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 time  2 = Most of the time  3 = Much of the time  4 = Part of the time  5 = A little of the time  6 = 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 time  2 = Most of the time  3 = Much of the time  4 = Part of the time  5 = A little of the time  6 = 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 time  2 = Most of the time  3 = Much of the time  4 = Part of the time  5 = A little of the time  6 = 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 time  2 = Most of the time  3 = Part of the time  4 = A little of the time  5 = None of the time |
| sf\_11a | I seem to get sick a little more often than other people.  1 = Altogether true  2 = Mostly true  3 = Unsure  4 = Not very true  5 = Not at all true |
| sf\_11b | I am as healthy as anyone I know.  1 = Totally true  2 = Mostly true  3 = Unsure  4 = Not very true  5 = Not at all true |
| sf\_11c | I believe my health will worsen.  1 = Totally true  2 = Mostly true  3 = Unsure  4 = Not very true  5 = Not at all true |
| sf\_11d | My health is excellent  1 = Totally true  2 = Mostly true  3 = Unsure  4 = Not very true  5 = Not at all true |
| livskvalitet | Indicate how satisfied you are with your situation in different aspects.  Very poor = 1 …. Excellent = 7  livskvalitet\_d1 = Home and family situation  livskvalitet\_d2 = Ackommodation  livskvalitet\_d3 = Work situation  livskvalitet\_d4 = Economy  livskvalitet\_d5 = Leisure time  Persons can experience changes within themselves during the years. Try to indicate how you feel now.  Very bad = 1 …. Excellent = 7  livskvalitet\_d6 = Hearing  livskvalitet\_d7 = Vision  livskvalitet\_d8 = Memory  livskvalitet\_d9 = Fitness  livskvalitet\_d10 = Appetite  livskvalitet\_d11 = Mood  livskvalitet\_d12 = Energy  livskvalitet\_d13 = Patience  livskvalitet\_d14 = Confidence  livskvalitet\_d15 = Sleep  Do you feel important and appreciated  1 = Not at all …. 7 = Very much  livskvalitet\_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 one  2 = 1-2 persons  3 = 3-5 persons  4 = 6-10 persons  5 = 11-15 persons  6 = > 15 persons |
| socsam | How many people, that you know, do you meet or talk with during a normal week?  1 = No one  2 = 1-2 persons  3 = 3-5 persons  4 = 6-10 persons  5 = 11-15 persons  6 = > 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 = Fewer  2 = Sufficiently enough  3 = 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 one  2 = 1-2 persons  3 = 3-5 persons  4 = 6-10 persons  5 = 11-15 persons  6 = > 15 persons |
| soctala | How people can you speak openly with without being careful about what you are saying?  1 = No one  2 = 1-2 persons  3 = 3-5 persons  4 = 6-10 persons  5 = 11-15 persons  6 = > 15 persons |
| socstod | Is there someone in particular that you can really get support from? 1 = Yes  2 = Yes, but I do not need it  3 = No |
| socnara | Is there a special person who feels that he or she is very close to you?  1 = Yes  2 = Not sure  3 = 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 = Yes  2 = No |
| socanfo | Do you have someone to share your innermost feelings with and confide in?  1 = Yes  2 = No |
| soctrost | Does it happen sometimes that someone hugs you to comfort and support you?  1 = Yes  2 = No |
| socupps | Do you think that the ones at home or others appreciate what you do?  1 = Yes  2 = Not enough  3 = 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 = Yes  2 = No |
| sochelp | Apart from the ones at home, is there anyone you can turn to when you are in trouble?  1 = Yes  2 = 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 = Yes  2 = No |
| socofta | How often do you engage in clubs, associations, study circles etc. together with others?  1 = 1-2 times per year  2 = 1-2 times per month  3 = 1-2 times per week  4 = Every day  5 = Unknown |
| socforening | What associations etc. do you participate in?  socforening\_a = Sports, physical exercise  socforening\_b = Study circle  socforening\_c = Theatre group  socforening\_d = Choir  socforening\_e = Other association |
| arbfys | Is your job physically heavy? 1 = Yes often  2 = Yes sometimes  3 = No rarely  4 = No as good as never |
| arbfort | Does your job demand you to work very fast? 1 = Yes often  2 = Yes sometimes  3 = No rarely  4 = No as good as never |
| arbpsyk | Is your job mentally demanding? 1 = Yes often  2 = Yes sometimes  3 = No rarely  4 = No as good as never |
| arbhin | Do you have enough time for your assignments? 1 = Yes often  2 = Yes sometimes  3 = No rarely  4 = No as good as never |
| arbkrav | Are there contradictory demands in your job? 1 = Yes often  2 = Yes sometimes  3 = No rarely  4 = No as good as never |
| arbnytt | Do you get to learn new things in your job? 1 = Yes often  2 = Yes sometimes  3 = No rarely  4 = No as good as never |
| arbski | Does your job demand skill? 1 = Yes often  2 = Yes sometimes  3 = No rarely  4 = No as good as never |
| arbide | Does your job require ingenuity or creativity? 1 = Yes often  2 = Yes sometimes  3 = No rarely  4 = No as good as never |
| arbrut | Does your job mean doing the same things over and over again? 1 = Yes often  2 = Yes sometimes  3 = No rarely  4 = No as good as never |
| arbhur | Do you have control over how your workday is planned and executed? 1 = Yes often  2 = Yes sometimes  3 = No rarely  4 = No as good as never |
| arbvad | Do you have control over your own work assignment? 1 = Yes often  2 = Yes sometimes  3 = No rarely  4 = 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, always  2 = Yes, most of the time  3 = No, I do not have breaks  4 = 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 time  2 = Yes, sometimes  3 = Only for urgent matters  4 = 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 lot  2 = One or a few times per month  3 = No, I mostly work alone  4 = 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 week  2 = One or more times per week  3 = One or more times per year  4 = Seldom or never |
| arbbesok | When was the last time a colleague visited you at home? 1 = One to four weeks ago  2 = One to twelve months ago  3 = More than a year ago  4 = 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 season Spring, **g1\_a** 1 = By car  2 = By bus  3 = Walking  4 = By bicycle  Summer, **g1\_b**  1 = By car  2 = By bus  3 = Walking  4 = By bicycle  Autumn, **g1\_c**  1 = By car  2 = By bus  3 = Walking  4 = By bicycle  Winter, **g1\_d**  1 = By car  2 = By bus  3 = Walking  4 = By bicycle |
| antal\_km | Distance to work in kilometers |
| g2\_a – g2\_e | Indicate the alternative that best describes your work g2\_a = Sedentary or standing  g2\_b = Light but partly physically active  g2\_c = Light and physically active  g2\_d = Sometimes physically straining  g2\_e = Physically straining most of the time |
| g3\_a | How often do you take a walk during leisure time? 0 = Never  1 = 1-2 times a month  2 = 3-4 times a month  3 = 2-3 times a week  4 = Every day |
| g3\_b | How often do you ride a bike during leisure time? 0 = Never  1 = 1-2 times a month  2 = 3-4 times a month  3 = 2-3 times a week  4 = Every day |
| g3\_c | How often do you dance during leisure time? 0 = Never  1 = 1-2 times a month  2 = 3-4 times a month  3 = 2-3 times a week  4 = Every day |
| g3\_d | How often do you shovel snow during leisure time? 0 = Never  1 = 1-2 times a month  2 = 3-4 times a month  3 = 2-3 times a week  4 = Every day |
| g3\_e | How often do you engage in gardening during leisure time? 0 = Never  1 = 1-2 times a month  2 = 3-4 times a month  3 = 2-3 times a week  4 = Every day |
| g3\_f | How often do you hunt or fish during leisure time? 0 = Never  1 = 1-2 times a month  2 = 3-4 times a month  3 = 2-3 times a week  4 = Every day |
| g3\_g | How often do you pick berries or mushrooms during leisure time? 0 = Never  1 = 1-2 times a month  2 = 3-4 times a month  3 = 2-3 times a week  4 = Every day |
| g4 | Have you changed your ”everyday exercise” during the last year? 1 = Decreased a lot  2 = Decreased somewhat  3 = As before  4 = Increased somewhat  5 = Increased a lot |
| g5 | ”The everyday exercise I get satisfies my need to move”. Is this assertion true for you? 1 = Not at all  2 = Rather poorly  3 = Partly  4 = 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 = Never  2 = Every now and then – not regularly  3 = 1-2 times/week  4 = 2-3 times/week  5 = More than 3 times/week |
| g7 | If you exercise – have you changed your exercising habits during the last year? 1 = Decreased a lot  2 = Decreased somewhat  3 = As before  4 = Increased somewhat  5 = Increased a lot |
| g8 | How physically active were you before you turned 20? 1 = Freed from school gymnastics  2 = Participated only in school gymnastics  3 = Trained without competing  4 = Participated in both training and competitions (not on an competitive level)  5 = Trained and participated in competitive athletics  Numbers 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 exercise  You 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 more  2 = More than 3 hours, but less than 5 hours per week  3 = 1-3 hours per week  4 = Not more than 1 hour per week  5 = No time at all  6 = 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 nothing  1 = Every now and then  2 = Regularly about once a week  3 = 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 = Never  2 = 1-2 times/month  3 = 1 time/week  4 = 2-3 times/week  5 = 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 reading  1 = None  2 = Little  3 = Moderate  4 = Big  sleep\_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, always  2 = Yes, almost always  3 = Yes, sometimes  4 = No, almost never  5 = No, never  6 = Do not know |
| sleep\_h8b | *Have your husband/wife/partner noticed that you have breath-holds when you sleep?*  1 = Yes, always  2 = Yes, almost always  3 = Yes, sometimes  4 = No, almost never  5 = No, never  6 = Do not know |
| i1 | *Are you a teetotaler?*  1 = Yes  2 = No |
| i2 | *Have you ever felt that you ought to drink less alcohol?*  1 = Yes  2 = No |
| i3 | *Have other people annoyed you by criticizing your alcohol consumption?*  1 = Yes  2 = No |
| i4 | *Have you ever felt uneasy or guilty because of your way of drinking?*  1 = Yes  2 = No |
| i5 | *Have you ever drunk alcohol first thing in the morning to calm down or cure a hangover?*  1 = Yes  2 = No |
| j1 | *How often do you drink alcohol?*  1 = Never  2 = 1 time/month or more seldom  3 = 2-4 times/month  4 = 2-3 times/week  5 = 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 beer  33 cl beer with alcohol content exceeding 3,5% by volume  1 glass red or white wine  1 small glass fortified wine  4 cl liquor, e.g. whisky  1 = 0-2 glasses  2 = 3-4 glasses  3 = 5-6 glasses  4 = 7-9 glasses  5 = 10 glasses or more |
| j3 | *How often do you drink six or more such glasses at the same occasion?*  1 = Never  2 = More seldom than once a month  3 = Every month  4 = Every week  5 = 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 = Never  2 = More seldom than once a month  3 = Every month  4 = Every week  5 = 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 = Never  2 = More seldom than once a month  3 = Every month  4 = Every week  5 = 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 = Never  2 = More seldom than once a month  3 = Every month  4 = Every week  5 = Daily or almost daily |
| j7 | *How often during the last year have you felt guilt or remorse because of your drinking?*  1 = Never  2 = More seldom than once a month  3 = Every month  4 = Every week  5 = 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 = Never  2 = More seldom than once a month  3 = Every month  4 = Every week  5 = Daily or almost daily |
| j9 | *Have you or anyone you know been hurt physically because of your drinking?*  1= No  2 = Yes, but not during the last year  3 = 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= No  2 = Yes, but not during the last year  3 = 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 = Smoker  2 = Former smoker  3 = Non-smoker  4 = Occasional smoker  5 = Former occasional smoker |
| sm\_cig\_groups | *Number of cigarettes smoked per day:*  1 = 1-4  2 = 5-14  3 = 15-24  4 = >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/month  2 = 1-3 days/month  3 = Usually 1 day/week  4 = Usually 2-4 days/week  5 = 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 snuff  2 = Former snuff user  3 = Not using snuff |
| sn\_quantity | *Snuff - number of boxes per week*  1 = Less than 2  2 = 2 to 4  3 = More than 4 but less than 7  4 = 7 or more |
| sn\_time | *Years using snuff* |
| sn\_stopsmoke\_a | *Did you start using snuff when you stopped smoking?*  1 = Yes  2 = No  3 = I am smoking and using snuff |
| sn\_stopsmoke\_b | *Did you start using snuff when you stopped smoking?*  1 = Yes  2 = No |
| sn\_nicotine\_replace | Did you use nicotine replacement therapy in order to stop using snuff? 1 = Yes  2 = No |
| sm\_nicotine\_replace | Did you use nicotine replacement therapy in order to stop smoking? 1 = Yes  2 = No |
| nicotine\_replace | Are you still using nicotine replacement therapy even though you are not using snuff or smoking any longer? 1 = Yes  2 = No |
| sm\_yes\_no | *Smoking (concerns participants without smoke data from VIP questionnaire)*  0 = Non-smoker/no answer  1 = Smoker |
| sn\_yes\_no | *Snuff using (concerns participants without snuff data from VIP questionnaire)*  0 = Not using snuff/no answer  1 = Using snuff |

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| Cambridge index for physical activity\* | |
| pa\_index | *Physical activity index*  1 = Inactive  2 = Moderately inactive  3 = Moderately active  4 = Active  If 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 = Inactive  2 = Moderately inactive  3 = Moderately active  4 = Active  If 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)