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Version in use between 2012-11-05 and 2013-11-20

Person

	First of all, do you agree to the recording of the interview? This is important for the quality control.			
x0_opint	**Int:** Please insert your short name (e.g. Stefan Mair -> MaS)	x0_opint	_____	
x0_sex	(Sex)	x0_sex	☐1 Male ☐2 Female	
x0_birthd	When were you born?	x0_birthd	|__|__| . |__|__| . |__|__|__|__| D D M M Y Y Y Y	
x0pe02	How many brothers and sisters have you or have you had (including possible deceased siblings, except yourself)?	x0pe02a x0pe02b	Number of brothers |__|__| Number of sisters |__|__|	if x0pe02= 0 **x0pe05**
	How many brothers are still alive? How many sisters are still alive?	x0pe02c x0pe02d	|__|__| |__|__|	
x0pe04	Are you a twin or part of a multiple birth?	x0pe04	☐1 Yes ☐2 No	
x0pe05	Where did your family live when you were born?	x0pe05a x0pe05b x0pe05c	Place _____ Province _____ Country _____	
x0pe06	What is your marital status?	x0pe06	☐1 Married ☐2 Separated/Divorced ☐4 Widowed ☐5 Single/never married ☐6 Prefer not to answer	
x0pe11	How many sons and daughters do you have?	x0pe11a x0pe11b	Number of sons |__|__| Number of daughters |__|__|	

x0pe08	What is the highest level of education you have completed?	x0pe08	☐1 No formal education or degree ☐2 Primary school ☐3 Lower secondary school ☐4 Professional school (istituto professionale) ☐5 Upper secondary school (liceo/istituto tecnico) ☐6 College/University or higher	
x0pe09	In total, how many years did you attend school (starting from the first year of primary school)?	x0pe09	|__|__|	

Occupation

	The next questions are about your occupation.			
x0oc00	Are you employed at the moment?	x0oc00	☐1 Yes, all-day ☐2 Yes, regularly part-time	
			☐3 Yes, less than p-t or irregularly ☐4 No	**x0oc01**
	Which is the address of your current workplace?		Street and house number: _____ Postcode: _____ Municipality / village: _____ Province: _____ Country: _____	**x0oc13**
x0oc01	Have you been employed or self-employed before?	x0oc01	☐1 Yes ☐2 No	if age =< 75 **x0oc10** if age > 75 **x0oc13**
x0oc01a	Until when have you been regularly employed?	x0oc01a	Year |__|__|__|__|	if age > 75 **x0oc13**
x0oc10	Are you at the moment ...?		☐1 Unemployed	
		x0oc10	☐2 Housewife / househusband ☐3 Student ☐5 In education or retraining ☐6 in maternity protection, parental leave or other leave ☐4 Pensioner / retiree ☐7 In the military service or alternative service	if x0oc01= 1 **x0oc13** if x0oc01= 2 **x0rh01**
x0oc11	Since when are you unemployed without interruption?	x0oc11a, x0oc11b	|__|__| . |__|__|__|__| M M Y Y Y Y	
x0oc13	Do you receive or did you received in the past a pension for reduced working capacity?	x0oc13	☐1 Yes ☐2 No	**x0oc02a** if x0oc01 = 2 **x0rh01a**

x0oc13	When have you received this pension? Or until now	x0oc13a x0oc13b x0oc13c	From (year) |__|__|__|__| To (year) |__|__|__|__| ☐1 Until now ☐2 {No}	if x0oc01= 2 **x0rh01a**
x0oc02	Which profession / occupation have you carried out for a least 1 year?	x0oc02a x0oc02b	☐1 Farmer ☐2 Office employee ☐3 Electrician ☐4 Building industry ☐5 Hotel/restaurant industry ☐6 Waiter/barista/chef ☐7 Nurse/doctor ☐8 Teacher ☐9 Mechanic ☐10 Carpenter Other _____	
		x0oc02c x0oc02d	From (year) |__|__|__|__| To (year) |__|__|__|__|	
	Have you carried out another profession / occupation for a least 1 year?	x0oc03	☐1 Yes ☐2 No	**x0oc08**
x0oc03	Which?	x0oc03a x0oc03b	☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9 ☐10 (as above) Other _____	
		x0oc03c x0oc03d	From (year) |__|__|__|__| To (year) |__|__|__|__|	
	Have you carried out another profession / occupation for a least 1 year?	x0oc04	☐1 Yes ☐2 No	**x0oc08**
x0oc04	Which?	x0oc04a x0oc04b	☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9 ☐10 (as above) Other _____	

		x0oc04c	From (year) |__|__|__|__|	
		x0oc04d	To (year) |__|__|__|__|	
	Have you carried out another profession / occupation for a least 1 year?	x0oc05	☐1 Yes ☐2 No	**x0oc08**
x0oc05	Which?	x0oc05a	☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9 ☐10 (as above)	
		x0oc05b	Other _____	
		x0oc05c	From (year) |__|__|__|__|	
		x0oc05d	To (year) |__|__|__|__|	
	Have you carried out another profession / occupation for a least 1 year?	x0oc06	☐1 Yes ☐2 No	**x0oc08**
x0oc06	Which?	x0oc06a	☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9 ☐10 (as above)	
		x0oc06b	Other _____	
		x0oc06c	From (year) |__|__|__|__|	
		x0oc06d	To (year) |__|__|__|__|	
	Have you carried out another profession / occupation for a least 1 year?	x0oc07	☐1 Yes ☐2 No	**x0oc08**
x0oc07	Which?	x0oc07a	☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9 ☐10 (as above)	
		x0oc07b	Other _____	
		x0oc07c	From (year) |__|__|__|__|	
		x0oc07d	To (year) |__|__|__|__|	
x0oc08	How would you rate your profession or regular occupation?	x0oc08	☐1 Heavy physical activity ☐2 Medium heavy physical activity ☐3 Light physical activity ☐4 No physical activity	

Until now, where have you lived for at least 1 year? (place)

(x0rh01a / x0rh02a / x0rh03a / x0rh04a / x0rh05a / x0rh06a / x0rh07a / x0rh08a / x0rh09a / x0rh10a)

From (year)

(x0rh01b / x0rh02b / x0rh03b / x0rh04b / x0rh05b / x0rh06b / x0rh07b / x0rh08b / x0rh09b / x0rh10b)

To (year)

(x0rh01c / x0rh02c / x0rh03c / x0rh04c / x0rh05c / x0rh06c / x0rh07c / x0rh08c / x0rh09c / x0rh10c)

Do you have lived in another place for at least 1 year?

(x0rh02 / x0rh03 / x0rh04 / x0rh05 / x0rh06 / x0rh07 / x0rh08 / x0rh09 / x0rh10)

	Place	**From (year)**	**To (year)**	**Other place?** Yes	No	
x0rh01	_____	|__|__|__|__|	|__|__|__|__|	☐1	☐2	⇨
x0rh02	_____	|__|__|__|__|	|__|__|__|__|	☐1	☐2	⇨
x0rh03	_____	|__|__|__|__|	|__|__|__|__|	☐1	☐2	⇨
x0rh04	_____	|__|__|__|__|	|__|__|__|__|	☐1	☐2	⇨
x0rh05	_____	|__|__|__|__|	|__|__|__|__|	☐1	☐2	⇨
x0rh06	_____	|__|__|__|__|	|__|__|__|__|	☐1	☐2	⇨
x0rh07	_____	|__|__|__|__|	|__|__|__|__|	☐1	☐2	⇨
x0rh08	_____	|__|__|__|__|	|__|__|__|__|	☐1	☐2	⇨
x0rh09	_____	|__|__|__|__|	|__|__|__|__|	☐1	☐2	⇨
x0rh10	_____	|__|__|__|__|	|__|__|__|__|			

end

Exposure

	The next questions are about exposure to environmental risk factors.				
x0ex10	Do you do gardening (also allotment garden)?	x0ex10	☐1 Yes	☐2 No	**x0ex12**
x0ex11	Do you use pesticides? (insecticides, herbicides, fungicides)	x0ex11	☐1 Yes	☐2 No	**x0ex12**
x0ex11a	How often do you use these substances?	x0ex11a	☐1 Once a week and more ☐2 1-3 times per month ☐3 Less frequently		
x0ex12	Do you use or did you use insecticides in your habitation? (e.g. repellent, electric diffuser with plates)	x0ex12	☐1 Yes	☐2 No	**x0ex13**
x0ex12a	How often do you use these substances?	x0ex12a	☐1 Once a week and more ☐2 1-3 times per month ☐3 Less frequently		
x0ex13	Do you use or did you use wood preservatives in your habitation?	x0ex13	☐1 Yes	☐2 No	**x0ex21**
x0ex13a	How often do you use these substances?	x0ex13a	☐1 More than once a year ☐2 Approximately once a year ☐3 Less than once a year		
x0ex21	Does your work or your hobbies expose you FREQUENTLY to the following substances?			Yes / No	
		x0ex21	Detergent, disinfectant	☐1 / ☐2	
		x0ex22	Engine exhaust	☐1 / ☐2	
		x0ex23	Wood dust	☐1 / ☐2	
		x0ex24	Grain dust	☐1 / ☐2	
		x0ex25	Glass wool/mineral wool	☐1 / ☐2	
		x0ex26	Asbestos	☐1 / ☐2	

x0ex21	{Does your work or your hobbies expose you FREQUENTLY to the following substances?}		Yes / No	
		x0ex27	Metals (nickel, chromium, iron, steel) ☐1 ☐2	
		x0ex28	Heavy metals (lead, cadmium, mercury) or arsenic ☐1 ☐2	
		x0ex29	Solvents (e.g. PER, TRI) or paint ☐1 ☐2	
		x0ex30	Petroleum products (gasoline, diesel, tar) ☐1 ☐2	
		x0ex31	X-rays/ microwaves/ radioactive materials ☐1 ☐2	
		x0ex32	Pesticides ☐1 ☐2	
x0ex20	Are you exposed to heavy noise at your workplace?	x0ex20	☐1 Yes ☐2 No	

Birth[1]

	The next questions are about your birth and development.			
x0bi01a	What was your birth weight?	x0bi01a	☐1 Exactly ☐2 Approximately	
			☐3 I do not know	**x0bi03**
		x0bi01	|__|__|__|__| In grams	
x0bi03	Are you born preterm or postterm?	x0bi03	☐1 Preterm birth	
			☐2 Normal	**x0bi04**
			☐3 Postterm birth ☐4 I do not know	
x0bi02a	For how many weeks was your mother pregnant until you were born?	x0bi02a	☐1 Exactly ☐2 Approximately	
			☐3 I do not know	**x0bi04**
		x0bi02	|__|__| In weeks	
x0bi04	How were you born?	x0bi04	☐1 Normal birth ☐2 Birth with the aid of delivery forceps or vacuum ☐3 Caesarean section ☐4 I do not know	

x0bi05	For how long were you breastfed?	x0bi05	☐1 I was not breastfed ☐2 I was breastfed, but I do not know for how long ☐3 Up to 2 weeks ☐4 3 to 4 weeks (up to 1 month) ☐5 2 to 3 months ☐6 4 to 6 months ☐7 More than 6 months ☐8 I do not know, if I was breastfed	
x0bi06	Were you born with one or more congenital malformations?	x0bi06	☐1 Yes ☐2 No ☐3 I don't know	**end**
	Please specify:	x0bi06a	_____	

[1] LifeLines - Questions about birth and development

http://www.p3gobservatory.org/questionnaireblock/viewAllBlocks.htm?questionnaireId=48 (last checked July 2012)

J:\5-5 New Research Initiatives\5-50 Vinschgau-Study\5-50-5 Study Phenotypes\SIMILAR STUDIES\LifeLines

Women

	The next questions are directed especially to women. These are questions on reproductive history and women`s health e.g. on pregnancies, sexual hormone use etc.			if male **end**
x0wo01a	How old were you at your first menstruation (menarche)?	x0wo01a x0wo01b x0wo01c	|__|__|__|__| Year |__|__| or age at that time ☐1 I have not had my period so far ☐2 I don't know	
x0wo03	Do you currently take contraceptive pills?		☐1 Yes	**x0wo04a**
		x0wo03	☐6 No	
			☐2 Prefer not to answer	if age<=55y **x0wo05** if age>55y **x0wo12**
x0wo02	Have you ever taken contraceptive pills?	x0wo02	☐1 Yes ☐2 No ☐3 I don't know	if age<=55y **x0wo05** if age>55y **x0wo12**
x0wo04	How many months or years have you taken contraceptive pills?	x0wo04a x0wo04b	|__|__| Number of months |__|__| or number of years	if age>55y **c103**
x0wo05	Are you pregnant at the moment?	x0wo05	☐1 Yes ☐2 No ☐3 I don't know, possibly	**x0wo06**
	In which week of pregnancy are you at the moment?	x0wo05a	|__|__|	
x0wo12	Have you ever been pregnant? (Including stillbirths and miscarriages!)	x0wo12	☐1 Yes ☐2 No ☐3 I don't know	**x0wo06**
x0wo12a	How many children have you given birth to, including stillborn children? **INT:** Definition stillbirth: Birth of a dead foetus after a pregnancy of at least 28 weeks (or 7 months).	x0wo12a	|__|__|	
x0wo06	Do you still have regular menstrual bleedings?	x0wo06	☐2 No ☐1 Yes ☐3 I don't know	**end**
	When did you have your last menstruation? (Age)	x0wo07	Age |__|__|	

x0wo08	What was the reason for the menstruation cease?		☐1 Menopause		
		x0wo08	☐2 Operation ☐3 Other reason		**end**
	Please specify	x0wo08a	_____		
x0wo09	Do you take hormones replacement preparations at the moment (estrogens or gestagens, i.e. sexual hormone preparations especially for women except the birth-control pill, e.g., in the form of tablets, ointments, plasters or injections)?	x0wo09	☐2 No	☐1 Yes ☐3 I don't know	**x0wo11**
x0wo10	Have you ever taken any hormone replacement therapy?	x0wo10	☐1 Yes	☐2 No ☐3 I don't know	**end**
x0wo11	How many years have you taken these hormone preparations all together?	x0wo11a x0wo11b	|__|__| Number of years |__|__| Number of months if less than 1 year		

Nutrition

	How often do you eat the following foods?						
		Almost Daily	Several times a week	About once a week	Several times a month	Once a month or less frequent	Never
x0fd01	Meat (without sausages)	☐1	☐2	☐3	☐4	☐5	☐6
x0fd02	Sausages, ham	☐1	☐2	☐3	☐4	☐5	☐6
x0fd03	Poultry	☐1	☐2	☐3	☐4	☐5	☐6
x0fd04	Fish	☐1	☐2	☐3	☐4	☐5	☐6
x0fd05	Potatoes	☐1	☐2	☐3	☐4	☐5	☐6
x0fd06	Pasta	☐1	☐2	☐3	☐4	☐5	☐6
x0fd07	How often do you eat the following foods?						
		Almost Daily	Several times a week	About once a week	Several times a month	Once a month or less frequent	Never
x0fd07	Rice	☐1	☐2	☐3	☐4	☐5	☐6
x0fd08	Salad or vegetable, raw	☐1	☐2	☐3	☐4	☐5	☐6
x0fd09	Vegetable, cooked	☐1	☐2	☐3	☐4	☐5	☐6
x0fd10	Fresh fruit	☐1	☐2	☐3	☐4	☐5	☐6
x0fd11	Chocolate, chocolates	☐1	☐2	☐3	☐4	☐5	☐6
x0fd12	Cakes, pastries, biscuits	☐1	☐2	☐3	☐4	☐5	☐6
x0fd13	How often do you eat the following foods?						
		Almost Daily	Several times a week	About once a week	Several times a month	Once a month or less frequent	Never
x0fd13	Other sweets (candies, among other things)	☐1	☐2	☐3	☐4	☐5	☐6
x0fd14	Salted snacks such as salted peanuts, crisps, and others	☐1	☐2	☐3	☐4	☐5	☐6
x0fd15	White bread, brown bread, toast bread	☐1	☐2	☐3	☐4	☐5	☐6
x0fd16	Whole grain bread, black bread, crisp bread	☐1	☐2	☐3	☐4	☐5	☐6
x0fd17	Flaked oats, muesli, cornflakes	☐1	☐2	☐3	☐4	☐5	☐6
x0fd18	Curd, yoghurt, sour milk	☐1	☐2	☐3	☐4	☐5	☐6
	How often do you eat the following foods?						

		Almost Daily	Several times a week	About once a week	Several times a month	Once a month or less frequent	Never
x0fd19	Low-fat milk products up to 1.5% fat content (yoghurt, milk, curd, and others)	☐1	☐2	☐3	☐4	☐5	☐6
x0fd20	Cheese	☐1	☐2	☐3	☐4	☐5	☐6
x0fd21	Eggs	☐1	☐2	☐3	☐4	☐5	☐6
x0fd22	Milk including buttermilk	☐1	☐2	☐3	☐4	☐5	☐6
x0fd23	Margarine (as a spread)	☐1	☐2	☐3	☐4	☐5	☐6
x0fd24	Margarine, half-fat ("light")	☐1	☐2	☐3	☐4	☐5	☐6

x0fd25	How often do you eat the following foods?

		Almost Daily	Several times a week	About once a week	Several times a month	Once a month or less frequent	Never
x0fd25	Butter (as a spread)	☐1	☐2	☐3	☐4	☐5	☐6
x0fd26	Butter, half-fat ("light")	☐1	☐2	☐3	☐4	☐5	☐6
x0fd27	Diet lemonade, other diet beverages	☐1	☐2	☐3	☐4	☐5	☐6
x0fd28	Fruit juices, other soft drinks (lemonades, cola-beverages, and others)	☐1	☐2	☐3	☐4	☐5	☐6
x0fd29	Mineral water	☐1	☐2	☐3	☐4	☐5	☐6

x0fd31	Have you ever drunk espresso/ mocha coffee one or more times per month for at least 6 months in your lifetime? (except decaffeinated)	x0fd31	☐1 Yes	☐2 No ☐3 I don't know	**x0fd32**
	When did you start drinking regularly espresso/ mocha coffee? (age) Or: as child (<12), as teenager (13-18) or as adult (>19)?	x0fd31a x0fd31b	Age |__|__| ☐1 Child ☐2 Teenager ☐3 Adult		
	Do you drink regularly espresso/ mocha coffee at the moment? (at least once a month)	x0fd31c	☐2 No	☐1 Yes	**x0fd31f**
	When did you stop drinking regularly espresso/ mocha coffee? (age) Or: In total, how many years have you been drinking espresso/ mocha coffee?	x0fd31d, x0fd31e	|__|__| Age |__|__| or how many years		

x0fd31f	How many cups of espresso/ mocha coffee do you normally drink or have you drunk during a day?	x0fd31f	|__|__|		
x0fd32	Have you ever drunk black tea one or more times per month for at least 6 months in your lifetime?	x0fd32	☐1 Yes	☐2 No	☐3 I don't know	**x0fd33**
	When did you start drinking regularly black tea? (age) Or: as child (<12), as teenager (13-18) or as adult (>19)?	x0fd32a x0fd32b	Age |__|__| ☐1 Child ☐2 Teenager ☐3 Adult		
	Do you drink regularly black tea at the moment? (at least once a month)	x0fd32c	☐2 No	☐1 Yes		**x0fd32f**
	When did you stop drinking regularly black tea? (age) Or: In total, how many years have you been drinking black tea?	x0fd32d, x0fd32e	|__|__| Age	|__|__| or how many years		
x0fd32f	How many cups of black tea do you normally drink or have you drunk during a day?	x0fd32f	|__|__|		
x0fd33	Have you ever drunk filter coffee one or more times per month for at least 6 months in your lifetime? (except decaffeinated)		☐1 Yes	☐2 No	☐3 I don't know	**x0fd34**
	When did you start drinking regularly filter coffee? (age) Or: as child (<12), as teenager (13-18) or as adult (>19)?	x0fd33a x0fd33b	Age |__|__| ☐1 Child ☐2 Teenager ☐3 Adult		
	Do you drink regularly filter coffee at the moment? (at least once a month)	x0fd33c	☐2 No	☐1 Yes		**x0fd33f**
	When did you stop drinking regularly filter coffee? (age) Or: In total, how many years have you been drinking filter coffee?	x0fd33d, x0fd33e	|__|__| Age	|__|__| or how many years		

x0fd33f	How many cups of filter coffee (125 ml) do you normally drink or have you drunk during a day?	x0fd33f	|__|__|		
x0fd34	Have you ever drunk coke one or more times per month for at least 6 months in your lifetime? (except decaffeinated)	x0fd34	☐1 Yes	☐2 No ☐3 I don't know	**end**
	When did you start drinking regularly coke? (age) Or: as child (<12), as teenager (13-18) or as adult (>19)?	x0fd34a x0fd34b	Age |__|__| ☐1 Child ☐2 Teenager ☐3 Adult		
	Do you drink regularly coke at the moment? (at least once a month)	x0fd34c	☐2 No	☐1 Yes	**x0fd34f**
	When did you stop drinking regularly coke? (age) Or: In total, how many years have you been drinking coke?	x0fd34d, x0fd34e	|__|__| Age	|__|__| or how many years	
x0fd34f	How many cans of coke (33 cl) do you normally drink or have you drunk during a day?	x0fd34f	|__|__|		

Alcohol

x0al00	Have you ever drunk alcoholic drinks?	x0al00	☐1 Yes	☐2 No	**end**
x0al01	During the last 12 months, on average how often have you drunk alcoholic drinks, e.g. a glass of wine, beer, cocktail, schnapps or liqueur?		☐1 Never ☐2 At special occasions only ☐3 Once a month or less		**x0al05a**
		x0al01	☐4 2-4 times per month ☐5 2-3 times per week ☐6 4 or more times per week but not daily ☐7 Daily		if male **x0al02a** if female **x0al02b**
x0al02a	During the last 12 months, how often have you drunk 5 or more alcoholic drinks at a single occasion?	x0al02a	☐1 Never in the last 12 months ☐2 1-2 times in the last 12 months ☐3 3-5 times in the last 12 months ☐4 6-11 times in the last 12 months ☐5 Approximately once a month ☐6 2-3 times per month ☐7 1-2 times per week ☐9 3-4 times per week ☐10 Daily or almost daily		**x0al03a**
x0al02b	During the last 12 months, how often have you drunk 4 or more alcoholic drinks at a single occasion?	x0al02b	☐1 Never in the last 12 months ☐2 1-2 times in the last 12 months ☐3 3-5 times in the last 12 months ☐4 6-11 times in the last 12 months ☐5 Approximately once a month ☐6 2-3 times per month ☐7 1-2 times per week ☐9 3-4 times per week ☐10 Daily or almost daily		

x0al03a	During the last 12 months, how many of the following beverages have you usually drunk on a weekend (Friday, Saturday, Sunday)?	x0al03a x0al03b x0al03c x0al03d x0al03e x0al03f	Alcohol-free beer (number of glasses a 0.2 l) |__|__| Beer (number of glasses a 0.2 l) |__|__| White wine or champagne (number of glasses a 0.125 l) |__|__| Red wine (number of glasses a 0.125 l) |__|__| Schnapps/liqueur (number of glasses a 0.02 l) |__|__| Cocktails (with alcohol)? (number of glasses a 0,3 l) |__|__|	
x0al04a	During the last 12 months, how many of the following beverages have you usually drunk on working days (from Monday until Thursday)?	x0al04a x0al04b x0al04c x0al04d x0al04e x0al04f	Alcohol-free beer (number of glasses a 0.2 l) |__|__| Beer (number of glasses a 0.2 l) |__|__| White wine or champagne (number of glasses a 0.125 l) |__|__| Red wine (number of glasses a 0.125 l) |__|__| Schnapps/liqueur (number of glasses a 0.02 l) |__|__| Cocktails (with alcohol)? (number of glasses a 0,3 l) |__|__|	**end**
x0al05a	Why have you not drunk/ drunk few alcoholic drinks during the last 12 months?		Yes No	
		x0al05a	Presence of a disease ☐1 ☐0	**end**
		x0al05b	Other health reasons / for protection of the own health ☐1 ☐0	
		x0al05c	Recommendation of a physician ☐1 ☐0	
		x0al05d	Financial reasons ☐1 ☐0	
		x0al05e	Religious reasons ☐1 ☐0	
		x0al05f	I am a recovered alcoholic ☐1 ☐0	
		x0al05g	Other reasons ☐1 ☐0	**end**
		x0al05h	I don't know ☐1 ☐0	
x0al06a	When did you start drinking regularly alcohol?	x0al06a, x0al06b	|__|__|__|__| Year |__|__| or age at that time	

x0al07a	When did you stop drinking regularly alcohol?	x0al07a, x0al07b	|__|__|__|__| Year |__|__| or age at that time	

Smoking[1]

	Next I would like to ask you some questions about smoking and passive smoking.				
x0sm32	Have you ever smoked for as long as a year? **INT: 'YES'** means at least 20 packs of cigarettes or 12 oz (360 grams) of tobacco in a lifetime, or at least one cigarette per day or one cigar a week for one year	x0sm32	☐1 Yes	☐2 No	**x0sm46**
	How old were you when you started smoking?	x0sm33	Age (Years) |__|__|		
x0sm34	How old were you when you started smoking daily?	x0sm34 x0sm34a	Age (Years) |__|__| ☐1 Never smoked daily ☐2 {No}		
x0sm00	Do you **now** smoke, as of **one month ago**?	x0sm00	☐1 Yes	☐2 No	**x0sm39**
x0sm35	How much do you now smoke on average?	x0sm35 x0sm36 x0sm37 x0sm38	Number of cigarettes per day: |__|__| Number of cigarillos per day: |__|__| Number of cigars a week: |__|__| Pipe tobacco in grams / week: |__|__|__|		
x0sm39	Have you stopped or cut down smoking?	x0sm39	☐1 Yes	☐2 No	**x0sm45**
	Have you stopped or cut down smoking because of respiratory problems?	x0sm39a	☐1 Yes	☐2 No	
	How old were you when you stopped or cut down smoking?	x0sm40	Age (Years) |__|__|		
x0sm41	**On average** of the entire time you smoked, before you stopped or cut down, how much did you smoke?	x0sm41 x0sm42 x0sm43 x0sm44	Number of cigarettes per day: |__|__| Number of cigarillos per day: |__|__| Number of cigars a week: |__|__| Pipe tobacco in grams / week: |__|__|__|		
x0sm45	Do you or did you inhale the smoke?	x0sm45	☐1 Yes	☐2 No	
x0sm46	Have you been regularly exposed to tobacco smoke **in the last 12 months**? **INT:** 'Regularly' means on most days or nights	x0sm46	☐1 Yes	☐2 No	**end**

	Not counting yourself, how many people in your household smoke regularly?	x0sm47	|__|__|	
	Do people smoke regularly in the room where you work?	x0sm48	☐1 Yes ☐2 No	
	How many hours per day are you exposed to other people's smoke?	x0sm49	|__|__| hours per day	if 0 **end**
x0sm49a	Please provide more information. How many hours per day, are you exposed to other peoples tobacco smoke in the following locations?	x0sm49a x0sm49b x0sm49c x0sm49d	at home: |__|__| hours per day at workplace: |__|__| hours per day in bars, restaurants, cinemas or similar social settings: |__|__| hours per day elsewhere: |__|__| hours per day	

[1] European Community Respiratory Health Survey (ECRHS) III http://www.ecrhs.org/Quests.htm (last checked July 2012)

JJ:\5-5 New Research Initiatives\5-50 Vinschgau-Study\5-50-5 Study Phenotypes\EXPOSURE\Smoking

Chronic diseases

	The next questions are about your health status.			
x0cd01	Has a doctor ever told you that you have a liver disease?	x0cd01	☐1 Yes ☐2 No ☐3 I don't know	**x0cd06**
	Do you remember the name of the disease?	x0cd01e x0cd01f	☐1 Cirrhosis ☐2 Other Other _____	
	In which year was it diagnosed for the first time?	x0cd01a, x0cd01b	|__|__|__|__| Year or |__|__| age at that time	
x0cd06	Has a doctor ever told you that you have gout?	x0cd06	☐1 Yes ☐2 No ☐3 I don't know	**x0cd10**
	In which year was it diagnosed for the first time?	x0cd06a, x0cd06b	|__|__|__|__| Year or |__|__| age at that time	
x0cd10	Has a doctor ever told you that you have osteoporosis?	x0cd10	☐1 Yes ☐2 No ☐3 I don't know	**x0cd14**
	In which year was it diagnosed for the first time?	x0cd10a, x0cd10b	|__|__|__|__| Year or |__|__| age at that time	
x0cd14	Have you ever been told that you have a vasculitis (including lupus erythematosus)?	x0cd14	☐1 Yes ☐2 No ☐3 I don't know	**end**
	Do you remember the name of the disease?	x0cd14d	_____	
	In which year was it diagnosed for the first time?	x0cd14a, x0cd14b	|__|__|__|__| Year or |__|__| age at that time	

Cancer

x0ca00	Have you ever had cancer?	x0ca00	☐1 Yes	☐2 No ☐3 I don't know	**end**
x0ca00a	How many malignant tumours (cancer) have you had?	x0ca00a	|__|__|		
x0ca01a	In which year was the first/ second/ third / fourth/ fifth cancer ascertained? (x0ca01a/ x0ca02a/ x0ca03a/ x0ca04a/ x0ca05a) What kind of cancer? (x0ca01b/ x0ca02b / x0ca03b / x0ca04b / x0ca05b) Were you hospitalised for in-patient treatment? (x0ca01c / x0ca02c / x0ca03c / x0ca04c / x0ca05c) In which hospital were you treated? (x0ca01d / x0ca02d / x0ca03d / x0ca04d / x0ca05d)				

Year	**Kind of cancer**	**Treated in-patient?** No	Yes	**Hospital**	**end** if x0ca00a
|__|__|__|__|	_____	☐2	☐1 ⇨	_____	= 1
|__|__|__|__|	_____	☐2	☐1 ⇨	_____	= 2
|__|__|__|__|	_____	☐2	☐1 ⇨	_____	= 3
|__|__|__|__|	_____	☐2	☐1 ⇨	_____	= 4
|__|__|__|__|	_____	☐2	☐1 ⇨	_____	

Diabetes

x0dm00	Do you have diabetes mellitus?	x0dm00	☐1 Yes ☐2 No ☐3 I don't know	**end**
x0dm01	In which year was it diagnosed?	x0dm01a, x0dm01b	|__|__|__|__| Year |__|__| or age at that time	
x0dm02	Do you know which type of diabetes you have?	x0dm02	☐1 Juvenile diabetes (type 1) ☐2 Adult diabetes (type 2) ☐3 Pregnancy diabetes ☐4 Diabetes after pancreatitis ☐5 I do not know	
x0dm03	How are you treated?		☐1 Only with tablets	**end**
		x0dm03	☐2 Only with insulin ☐3 With insulin and tablets	
			☐4 Only diet ☐5 No treatment	**end**
x0dm04	Please, indicate the year or the age since when you are treated with insulin.	x0dm04a, x0dm04b	|__|__|__|__| Year |__|__| or age at that time	

Kidney diseases[1]

x0ki00	Has a doctor ever told you that you have a kidney disease?	x0ki00	☐1 Yes	☐2 No ☐3 I don't know	**x0ki09**
x0ki01	Was it a glomerulonephritis?	x0ki01	☐1 Yes	☐2 No ☐3 I don't know	**x0ki02**
	In which year was it diagnosed for the first time?	x0ki01a, x0ki01b	|__|__|__|__| Year	|__|__| or age at that time	
	Do you remember the exact name of the disease?	x0ki01d	_____		
x0ki02	Was it a pyelonephritis?	x0ki02	☐1 Yes	☐2 No ☐3 I don't know	**x0ki04**
	In which year was it diagnosed for the first time?	x0ki02a, x0ki02b	|__|__|__|__| Year	|__|__| or age at that time	
x0ki04	Was it a disease of the renal arteries (including renal artery stenosis)?	x0ki04	☐1 Yes	☐2 No ☐3 I don't know	**x0ki05**
	In which year was it diagnosed for the first time?	x0ki04a, x0ki04b	|__|__|__|__| Year	|__|__| or age at that time	
	Do you remember the exact name of the disease or the diagnosis?	x0ki04d	_____		
x0ki05	Was it a hereditary or congenital kidney disease (including polycystic kidney disease)?	x0ki05	☐1 Yes	☐2 No ☐3 I don't know	**x0ki07**
	In which year was it diagnosed for the first time?	x0ki05a, x0ki05b	|__|__|__|__| Year	|__|__| or age at that time	
	Do you remember the exact name of the disease or the diagnosis?	x0ki05d	_____		
x0ki07	Have you ever been told that you have kidney stones?	x0ki07	☐1 Yes	☐2 No ☐3 I don't know	**x0ki08**
	In which year were the kidney stones diagnosed for the first time?	x0ki07a, x0ki07b	|__|__|__|__| Year	|__|__| or age at that time	
x0ki08	Have you ever been told that you have another kidney disease, not mentioned yet?	x0ki08	☐1 Yes	☐2 No ☐3 I don't know	**x0ki09**

	If you remember it, please specify the name of the disease:	x0ki08d	_____	
	In which year was it diagnosed for the first time?	x0ki08a, x0ki08b	|__|__|__|__| Year or |__|__| or age at that time	
x0ki09	Has a doctor ever told you that you have a reduced kidney function or a renal failure?	x0ki09	☐1 Yes ☐2 No ☐3 I don't know	**x0ki19**
	In which year?	x0ki09a, x0ki09b	|__|__|__|__| Year or |__|__| or age at that time	
	Is the renal failure still present?	x0ki09c	☐1 Yes ☐2 No ☐3 I don't know	
x0ki22	Have you ever been on dialysis?	x0ki22	☐1 Yes ☐2 No ☐3 Non lo so	**x0ki23**
	When did you the first dialysis?	x0ki22a, x0ki22b	|__|__|__|__| Year or |__|__| or age at that time	
x0ki23	Are you still on dialysis?	x0ki23	☐2 No ☐1 Yes	**x0ki10**
	When did you the last dialysis?	x0ki23a, x0ki23b	|__|__|__|__| Year or |__|__| or age at that time	
x0ki10	Have you ever undergone a kidney transplantation?	x0ki10	☐1 Yes ☐2 No ☐3 I don't know	**x0ki19**
	How many transplantations?	x0ki10a	|__|__|	
x0ki11a	Year of the first transplantation	x0ki11a, x0ki11b	|__|__|__|__| Year or |__|__| or age at that time	if x0ki10a = 1 **x0ki19**
x0ki12a	Year of the second transplantation	x0ki12a, x0ki12b	|__|__|__|__| Year or |__|__| or age at that time	if x0ki10a = 2 **x0ki19**
x0ki13a	Year of the third transplantation	x0ki13a, x0ki13b	|__|__|__|__| Year or |__|__| or age at that time	if x0ki10a = 3 **x0ki19**
x0ki14a	Year of the fourth transplantation	x0ki14a, x0ki14b	|__|__|__|__| Year or |__|__| or age at that time	if x0ki10a = 4 **x0ki19**
x0ki15a	Year of the fifth transplantation	x0ki15a, x0ki15b	|__|__|__|__| Year or |__|__| or age at that time	

x0ki19	Have you ever donated a kidney?	x0ki19	☐1 Yes	☐2 No ☐3 I don't know	**x0ki20**
	In which year?	x0ki19a, x0ki19b	|__|__|__|__| Year	|__|__| or age at that time	
x0ki20	Were you operated for angioplasty of the renal arteries?	x0ki20	☐1 Yes	☐2 No ☐3 I don't know	**x0ki21**
	In which year?	x0ki20a, x0ki20b	|__|__|__|__| Year	|__|__| or age at that time	
x0ki21	Have you undergone a renal surgery for another reason?	x0ki21	☐1 Yes	☐2 No ☐3 I don't know	**end**
	Please specify:	x0ki21c	_____		
	In which year?	x0ki21a, x0ki21b	|__|__|__|__| Year	|__|__| or age at that time	

[1] based on Renal DataSchema (modified by PaC)

http://www.datashaper.org/Datashaper.html;jsessionid=C2EB9C7F6D2FEF61C2D17C1453BE1D68#dataschemasTab$RELEASE$RENAL_1 (last checked July 2012)

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Blood values[1]

x0bl01	Has a doctor ever said that you have high blood pressure or hypertension?	x0bl01	☐1 Yes	☐2 No ☐3 I don't know	**x0bl02**
x0bl01b	At what age were you first told this?	x0bl01b	|__|__| Age at that time		if sex = male **c04_056**
x0bl01c	Was this during pregnancy only?	x0bl01c	☐1 Yes	☐2 No	
x0bl02	Have you ever taken medication for hypertension or high blood pressure, following a doctor's prescription?	x0bl02	☐1 Yes	☐2 No ☐3 I don't know	**x0bl12**
	At what age did you begin taking medicine for this? **INT:** if unknown: 99	x0bl02a	|__|__| Age at that time		
	Are you still taking medicine for this?	x0bl02b	☐2 No	☐1 Yes	**x0bl12**
	When did you stop taking medicine for this?	x0bl02c	|__|__| Age at that time		
x0bl12	Has a doctor ever said you have raised blood lipids (cholesterol, triglycerides)?	x0bl12	☐1 Yes	☐2 No ☐3 I don't know	**end**
x0bl12a	Have you ever taken medication for this, following a doctor's prescription?	x0bl12a	☐1 Yes	☐2 No ☐3 I don't know	**end**
	At what age did you begin taking medicine for this? **INT:** if unknown: 99	x0bl12b	|__|__| Age at that time		
	Are you still taking medicine for this?	x0bl12c	☐1 Yes	☐2 No	

[1] based on

- PhenX Toolkit Blood Pressure (Adult/Primary) #040301

https://www.phenxtoolkit.org/index.php?pageLink=browse.protocoldetails&id=40301 (last checked July 2012)

- PhenX Toolkit Lipid Profile #040200

https://www.phenxtoolkit.org/index.php?pageLink=browse.protocoldetails&id=40201 (last checked July 2012)

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Thyroid diseases

x0th00	Were you ever diagnosed to have a thyroid disease?	x0th00	☐1 Yes	☐2 No ☐3 I don't know	**x0th12**
x0th01 **x0th02** **x0th03** **x0th04** **x0th05** **x0th06** **x0th07**	Which thyroid disease were you diagnosed for? If YES: Do you remember the year of the diagnosis?		**No** **Don't Know** **Yes**	**Year of diagnosis**	
	1. Hypothyroidism	x0th02, x0th02a	☐2 ☐3 ☐1 ⇨ Year	|__|__|__|__|	
	2. Hashimoto's disease	x0th07, x0th07a	☐2 ☐3 ☐1 ⇨ Year	|__|__|__|__|	
	3. Hyperthyroidism	x0th01, x0th01a	☐2 ☐3 ☐1 ⇨ Year	|__|__|__|__|	
	4. Graves' disease (Basedow's disease)	x0th05, x0th05a	☐2 ☐3 ☐1 ⇨ Year	|__|__|__|__|	
	5. Goiter	x0th03, x0th03a	☐2 ☐3 ☐1 ⇨ Year	|__|__|__|__|	
	6. Nodule	x0th04, x0th04a	☐2 ☐3 ☐1 ⇨ Year	|__|__|__|__|	
	7. Cancer	x0th06, x0th06a	☐2 ☐3 ☐1 ⇨ Year	|__|__|__|__|	
x0th09	8. A different thyroid disease, not mentioned yet?	x0th09	☐1 Yes	☐2 No ☐3 I don't know	
if sex = female AND children >0 => **x0th08** if sex = male OR children=0 AND (x0th02, …, x0th09 = 2 or 3) => **x0th12** if sex = male OR children=0 AND (x0th02= 1 OR x0th03= 1 OR …, x0th09= 1) => **x0th12**					
	Do you remember the year of the diagnosis?	x0th09a	Year	|__|__|__|__|	
	Do you remember the name of the disease or can you describe it as precisely as possible?	x0th09b	_____		if sex = male OR children=0 **x0th12**
x0th08	9. Did you suffered from an alteration of the thyroid function during pregnancy?	x0th08	☐1 Yes ☐2 No ☐3 I don't know		
x0th12	Were you ever submitted to an operation to the thyroid gland?	x0th12	☐1 Yes	☐2 No ☐3 I don't know	**x0th13**
x0th12a	In which year?	x0th12a	Year	|__|__|__|__|	

	Do you remember which kind of operation?	x0th12b	☐1 Partial removal ☐2 Full removal ☐3 Nodule	**x0th13**
			☐4 Other	
	Could you please specify as much as you can?	x0th12c	_____	
x0th13	Did you ever undergo a therapy for the thyroid?	x0th13	☐1 Yes, radioiodine therapy ☐2 Yes, medical or pharmacological therapy	
			☐3 No ☐4 I don't know	**x0th14**
	Do you remember the year of the first treatment?	x0th13a	From (year) |__|__|__|__|	
	Until when did the treatment last? **INT:** enter 3000 if the therapy is continuing)	x0th13b	To (year) |__|__|__|__|	
x0th14	Did other persons in your family suffered from diseases to the thyroid function?	x0th14	☐1 Yes ☐2 No ☐3 I don't know	**end**
	Please specify		[CHECKBOX] Yes No	
		x0th14a	Mother ☐1 ☐2	
		x0th14b	Father ☐1 ☐2	
		x0th14c	Brother(s) ☐1 ☐2	
		x0th14d	Sister(s) ☐1 ☐2	
		x0th14e	Son(s) ☐1 ☐2	
		x0th14f	Daughter(s) ☐1 ☐2	
	Do you remember the name of the disease?	x0th14g	_____	

[1] Based on a template from the KORA study, the questionnaire was reviewed and entirely restructured by Cristian Pattaro, Claudia Beu Volpato, and Helmuth Weiß (Hospital of Schlanders/Silandro) on Apr/May 2012

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Myocardial infarction

x0mi00	Have you ever had any pain or discomfort in your chest?	x0mi00	☐1 Yes ☐2 No	**x0mi08**
x0mi01	Do you get it when you walk uphill or hurry?		☐1 Yes	
		x0mi01	☐2 No	**x0mi07**
			☐3 I never hurry or walk uphill ☐4 I don't know	
x0mi02	Do you get it when you walk at an ordinary pace on the level?	x0mi02	☐1 Yes ☐2 No ☐3 I don't know	
x0mi03	What do you do, if you get it while you are walking?	x0mi03	☐1 I stop or slow down ☐3 I take nitroglycerine	
			☐2 I carry on walking in the same pace	**x0mi07**
x0mi04	Does the pain/discomfort vanish within 10 minutes if you slow down or stop?	x0mi04	☐2 No ☐1 Yes	**x0mi07**
x0mi05a	Will you show me, where it was?		Yes No	
		x0mi05a	Sternum ☐1 ☐2	
		x0mi05b	Left arterial chest ☐1 ☐2	
		x0mi05c	Neck / jaw ☐1 ☐2	
		x0mi05d	Left shoulder ☐1 ☐2	
		x0mi05e	Other ☐1 ☐2	
	If it was at another site, which?	x0mi05f	_____	
x0mi06	Does the pain or the discomfort radiate into the left arm?	x0mi06	☐1 Yes ☐2 No	
x0mi07	Have you ever had a severe pain across the front of your chest lasting for half an hour or more?	x0mi07	☐1 Yes ☐2 No	
x0mi08	To your knowledge, do you have a coronary heart disease?	x0mi08	☐1 Yes ☐2 No ☐3 I don't know	**x0mi09**
	In which year was it diagnosed?	x0mi08b, x0mi08c	|__|__|__|__| Year |__|__| or age at that time	

	Were you or are you still treated by a doctor for this?	x0mi08d	☐1 Yes, in the past ☐3 No ☐2 Yes, currently ☐4 I don't know	
x0mi09	Have you ever been told by a doctor that you had a myocardial infarction?	x0mi09	☐1 Yes ☐2 No ☐3 I don't know	**x0mi16**
x0mi10	In total, how many myocardial infarction have you had?	x0mi10	|__|__|	
x0mi11a	Which year did the first/ second/ third/ fourth/ fifth myocardial infarction occur? (x0mi11a / x0mi12a / x0mi13a / x0mi14a / x0mi15a) Were you treated in-patient in a hospital? (x0mi11b / x0mi12b / x0mi13b / x0mi14b / x0mi15b) In which hospital were you treated? (x0mi11c / x0mi12c / x0mi13c / x0mi14c / x0mi15c)			
	Year **Treated in-patient?** No Yes **Hospital** |__|__|__|__| ☐2 ☐1 ⇨ _____ |__|__|__|__| ☐2 ☐1 ⇨ _____ |__|__|__|__| ☐2 ☐1 ⇨ _____ |__|__|__|__| ☐2 ☐1 ⇨ _____ |__|__|__|__| ☐2 ☐1 ⇨ _____			**x0mi16** if **x0mi10** = 1 = 2 = 3 = 4
x0mi16	Have you ever undergone a cardiac catheterization (coronary angiography)?	x0mi16	☐1 Yes ☐2 No ☐3 I don't know	
x0mi17	Have you ever undergone a cardiac surgery?	x0mi17	☐1 Yes ☐2 No ☐3 I don't know	
x0mi18	Have you ever undergone a bypass surgery or angioplasty (stent)?	x0mi18	☐1 Yes ☐2 No ☐3 I don't know	

Heart failure

x0hf01	Do you have shortness of breath during exercise e.g. when climbing stairs?	x0hf01	☐1 Yes	☐2 No ☐3 I don't know	**x0hf02**
	Since when? (Year)	x0hf01a, x0hf01b	|__|__|__|__| Year	|__|__| or age at that time	
x0hf02	Do you have "water in the lung" (pulmonary edema)?	x0hf02	☐1 Yes	☐2 No ☐3 I don't know	**x0hf03**
	Since when? (Year)	x0hf02a, x0hf02b	|__|__|__|__| Year	|__|__| or age at that time	
x0hf03	Do you often have swollen legs, because of "water in the legs"?	x0hf03	☐1 Yes	☐2 No ☐3 I don't know	**x0hf04**
	Since when? (Year)	x0hf03a, x0hf03b	|__|__|__|__| Year	|__|__| or age at that time	
x0hf04	Do you have myocarditis?	x0hf04	☐1 Yes	☐2 No ☐3 I don't know	**x0hf05**
		x0hf04a, x0hf04b	|__|__|__|__| Year	|__|__| or age at that time	
	Describe the disease as accurately as possible:	x0hf04c	_____		
x0hf05	Do you have myocardial diseases? (e.g. hypertrophic cardiomyopathy)	x0hf05	☐1 Yes	☐2 No ☐3 I don't know	**x0hf06**
		x0hf05a, x0hf05b	|__|__|__|__| Year	|__|__| or age at that time	
	Describe the disease as accurately as possible:	x0hf05c	_____		
x0hf06	Have you ever been told that you have a heart defect (as a child)?	x0hf06	☐1 Yes	☐2 No ☐3 I don't know	**x0hf07**
	Describe the problem as accurately as possible:	x0hf06a	_____		
x0hf07	Has a doctor ever performed an ECG on you (except surgical preparation or sport competitions)	x0hf07	☐1 Yes	☐2 No ☐3 I don't know	**x0hf08**

	Where there conspicuous findings?	x0hf07c	☐1 Yes	☐2 No	**x0hf08**
	Which?	x0hf07d	_____		
	Do you remember in which year the ECG showed conspicuous findings for the first time?	x0hf07a, x0hf07b	|__|__|__|__| Year	|__|__| or age at that time	
x0hf08	Has a doctor ever told you that you have a heart failure?	x0hf08	☐1 Yes	☐2 No ☐3 I don't know	**end**
	In which year was it diagnosed for the first time?	x0hf08a, x0hf08b	|__|__|__|__| Year	|__|__| or age at that time	

Cardiac arrhythmias

x0af02	Do you have atrial fibrillation?	x0af02	☐1 Yes	☐2 No	☐3 I don't know		**x0af07**
	Was it diagnosed by a doctor?	x0af02a	☐1 Yes	☐2 No	☐3 I don't know		**x0af03**
		x0af02b, x0af02c	|__|__|__|__| Year	|__|__| or age at that time		
	Were you or are you still treated by a doctor for this?	x0af02d	☐1 Yes, in the past ☐2 Yes, currently	☐3 No ☐4 I don't know			
x0af03	Do you experience discomfort during atrial fibrillation?	x0af03	☐1 Yes	☐2 No	☐3 I don't know		**x0af04**
x0af03a	Which?			Yes	No		
		x0af03a	Tachycardia	☐1	☐0		
		x0af03b	Extrasystole	☐1	☐0		
		x0af03c	Weakness/tiredness	☐1	☐0		
		x0af03d	Shortness of breath	☐1	☐0		
		x0af03e	Chest pain	☐1	☐0		
		x0af03f	Anxiety	☐1	☐0		
		x0af03g	Dizziness	☐1	☐0		
		x0af03h	Other	☐1	☐0		
x0af03i	Describe the other discomfort:	x0af03i	_____				
x0af04	Is the atrial fibrillation chronic i.e. continuously, without a break?		☐1 Yes				**x0af07**
		x0af04	☐2 No				
			☐3 I don't know				**x0af07**
x0af05	How often do you have atrial fibrillation?	x0af05	☐1 Once a day ☐2 Once a week ☐3 Once a month ☐4 Once a year				

x0af06	On average, how long does an attack of atrial fibrillation last?	x0af06	☐1 Seconds ☐2 Minutes ☐3 Hours ☐4 Days	
x0af07	Had you have extrasystole, irregular heartbeat, tachycardia or cardiac flutter?	x0af07	☐1 Yes ☐2 No ☐3 I don't know	**x0af08**
		x0af07a, x0af07b	|__|__|__|__| Year |__|__| or age at that time	
	Describe the type of cardiac arrhythmia	x0af07c	_____	
x0af08	Have you undergone an electric shock therapy because of a cardiac arrhythmia?	x0af08	☐1 Yes ☐2 No ☐3 I don't know	
x0af09	Do you have experienced a loss of consciousness with a cardiac arrest?	x0af09	☐1 Yes ☐2 No ☐3 I don't know	**x0af10**
	Were you under physical or psychological stress at that time?	x0af09a	☐1 Yes ☐2 No	
x0af10	Have you ever been reanimated by a doctor, an ambulance man or another person?	x0af10	☐1 Yes ☐2 No ☐3 I don't know	
x0af11	Are you carrier of a pacemaker or an implanted defibrillator?	x0af11	☐1 Yes ☐2 No ☐3 I don't know	
x0af12	Have you or had you in the past any other diseases of the heart we did not mention yet?	x0af12	☐1 Yes ☐2 No	**end**
	Describe the diseases of the heart as accurately as possible:	x0af12a	_____	

Circulation[1]

x0ci01	Did a doctor ever say that you had claudication or peripheral arterial disease (poor blood flow to the legs or blocked or narrowed arteries to the legs)? **INT:** Do not include varicose veins or phlebitis.	x0ci01	☐1 Yes	☐2 No ☐3 I don't know	**x0ci03**
x0ci02	For the above condition have you ever had …			Yes No Don't know	
		x0ci02a	Angiography (dye in the arteries of the legs)?	☐1 ☐2 ☐3	
		x0ci02b	Angioplasty (balloon catheter to open blockage)?	☐1 ☐2 ☐3	
		x0ci02c	Surgery to improve blood flow in your legs (do not include surgery for varicose veins)?	☐1 ☐2 ☐3	
x0ci03	Did you ever had varicous veins in the legs (excluding during pregnancy)?	x0ci03	☐1 Yes	☐2 No ☐3 I don't know	
x0ci04	Did you ever had phlebitis at superficial veins on the legs?	x0ci04	☐1 Yes	☐2 No ☐3 I don't know	
x0ci05	Has a doctor ever told you that you had pulmonary embolus or blood clots in your lungs?	x0ci05	☐1 Yes	☐2 No ☐3 I don't know	
x0ci06	Has a doctor ever told you that you had deep venous thrombosis or blood clots in your legs?	x0ci06	☐1 Yes	☐2 No ☐3 I don't know	**end**
	Have you ever been treated by a doctor or a nurse **with shots at home or as an outpatient (usually followed by blood thinning medications such as Coumadin, Warfarin)** for blood clots in the legs called deep vein thrombosis or DVT?	x0ci06a	☐1 Yes	☐2 No ☐3 I don't know	
	Have you ever **had outpatient test(s) performed** for blood clots in the legs called deep vein thrombosis or DVT?	x0ci06b	☐1 Yes	☐2 No ☐3 I don't know	

[1] Based on MICROS questionnaire and

- PhenX Toolkit Peripheral Arterial Disease Protocol

https://www.phenxtoolkit.org/index.php?pageLink=browse.protocoldetails&id=40901 (last checked July 2012)

- PhenX Toolkit Pulmonary Embolism Protocol

https://www.phenxtoolkit.org/index.php?pageLink=browse.protocoldetails&id=41301 (last checked July 2012)

- PhenX Toolkit Deep Venous Thrombosis Protocol

https://www.phenxtoolkit.org/index.php?pageLink=browse.protocoldetails&id=41201 (last checked July 2012)

Stroke[1]

x0st21	Have you ever been told that you had a transient ischemic attack (TIA)?	x0st21	☐1 Yes	☐2 No ☐3 I don't know	**x0st00**
	When? (Year)	x0st21a, x0st21b	|__|__|__|__| Year |__|__| or age at that time		
	Describe the situation as accurately as possible:	x0st21c	_____		
x0st00	Have you ever been told by a doctor that you had a stroke?	x0st00	☐1 Yes	☐2 No ☐3 I don't know	**x0st07**
x0st06a	When did the first stroke occur?	x0st06a x0st06b	|__|__| . |__|__|__|__| M M Y Y Y Y		
x0st07	Have you ever had any sudden loss or changes in speech lasting 24 hours or longer?	x0st07	☐1 Yes	☐2 No ☐3 I don't know	**x0st08**
	Did the episode come on suddenly?	x0st07a	☐1 Yes	☐2 No	
x0st08	Have you ever had any sudden loss of vision, or blurring, lasting 24 hours or longer?	x0st08	☐1 Yes	☐2 No ☐3 I don't know	**x0st09**
	Did the episode come on suddenly?	x0st08a	☐1 Yes	☐2 No	
x0st09	Have you ever had a sudden spell of double vision, which lasted 24 hours or longer?	x0st09	☐1 Yes	☐2 No ☐3 I don't know	**x0st10**
x0st09a	If you closed one eye, did the double vision go away?		☐1 Yes		
		x0st09a	☐2 No		**x0st10**
			☐3 I do not know		
	Did the episode come on suddenly?	x0st09b	☐1 Yes	☐2 No	
x0st10	Have you ever had sudden numbness, tingling, or loss of feeling on one side of your body, including your face, arm, or leg which lasted 24 hours or longer?	x0st10	☐1 Yes	☐2 No ☐3 I don't know	**x0st11**

	Did the feeling of numbness or tingling occur only when you kept your arms or legs in a certain position?		☐1 Yes	**c02_043**
		x0st10a	☐2 No ☐3 I don't know	
	Did the episode come on suddenly?	x0st10b	☐1 Yes ☐2 No	
x0st11	Have you ever had any sudden episode of paralysis or weakness on one side of your body, including your face, arm, or leg which lasted at least 24 hours?	x0st11	☐1 Yes	☐2 No ☐3 I don't know	**x0st12**
	Did the episode come on suddenly?	x0st11a	☐1 Yes ☐2 No	
x0st12	Have you had any sudden spells of dizziness, loss of balance, or sensation of spinning which lasted 24 hours or longer?	x0st12	☐1 Yes	☐2 No ☐3 I don't know	**end**
	Did the dizziness, loss of balance or spinning sensation occur only when changing the position of your head or body?	x0st12a	☐1 Yes ☐2 No ☐3 I don't know	

[1] based on Jackson Heart Study (JHS). Stoke Symptoms Form. Version A. December 7, 2000.: https://www.phenxtoolkit.org/index.php?pageLink=browse.protocoldetails&id=130301

J:\5-5 New Research Initiatives\5-50 Vinschgau-Study\5-50-5 Study Phenotypes\NEURO\Stroke (last checked July 2012)

Neurology

x0ne09	Has a doctor ever told you that you have epilepsy?	x0ne09	☐1 Yes ☐2 No ☐3 I don't know	**x0ne10**
	In which year was epilepsy diagnosed for the first time?	x0ne09a, x0ne09b	|__|__|__|__| Year |__|__| or age at that time	
x0ne10	Has a doctor ever told you that you have febrile seizures (mostly as a child)?	x0ne10	☐1 Yes ☐2 No ☐3 I don't know	**x0ne02**
	In which year was febrile seizures diagnosed for the first time?	x0ne10a, x0ne10b	|__|__|__|__| Year |__|__| or age at that time	
x0ne02	Do you have uncontrollable tremor?	x0ne02	☐1 Yes ☐2 No ☐3 I don't know	**x0pk01**
	Was it diagnosed by a doctor?	x0ne02a	☐1 Yes ☐2 No ☐3 I don't know	**x0ne03**
	When? (Year)	x0ne02b, x0ne02c	|__|__|__|__| Year |__|__| or age at that time	
	Were you or are you still treated by a doctor for this?	x0ne02d	☐1 Yes, in the past ☐3 No ☐2 Yes, currently ☐4 I don't know	
x0ne03	Where do you tremble (arms, legs, head…):	x0ne03a	_____	
	Do you tremble at rest? (e.g. when you are sitting on the couch watching TV)	x0ne03b	☐1 Yes ☐2 No	
	Do you tremble in movement/ certain postures? (e.g. when you hold a cup, a glass or a spoon for the soup)	x0ne03c	☐1 Yes ☐2 No	
x0pk01[1]	Do you or did you have trouble arising from a chair?	x0pk01	☐1 Yes ☐2 No ☐3 I don't know	
x0pk02[1]	Is your handwriting smaller than it once was?	x0pk02	☐1 Yes ☐2 No ☐3 I don't know	
x0pk03[1]	Has anyone told you that your voice is softer than in once was?	x0pk03	☐1 Yes ☐2 No ☐3 I don't know	
x0pk04[1]	Is or was your balance poor?	x0pk04	☐1 Yes ☐2 No ☐3 I don't know	

x0pk05[1]	Do your feet even seem to get stuck to the floor?	x0pk05	☐1 Yes ☐2 No ☐3 I don't know	
x0pk06[1]	Has anyone told you that your face seems less expressive than it once was?	x0pk06	☐1 Yes ☐2 No ☐3 I don't know	
x0pk07[1]	Do your arms or legs shake?	x0pk07	☐1 Yes ☐2 No ☐3 I don't know	
x0pk08[1]	Do you have trouble fastening buttons?	x0pk08	☐1 Yes ☐2 No ☐3 I don't know	
x0pk09[1]	Do you shuffle or take small steps when you walk?	x0pk09	☐1 Yes ☐2 No ☐3 I don't know	
x0pk10[1]	Has anyone ever told you that you have Parkinson's disease?	x0pk10	☐1 Yes ☐2 No ☐3 I don't know	
x0pk11[1]	Have you ever taken drugs such as Sinemet or Madopar?	x0pk11	☐1 Yes ☐2 No ☐3 I don't know	
x0ne06	Did you notice forgetfulness (also orientation problems)? e.g. loose the way on known routes	x0ne06	☐1 Yes ☐2 No ☐3 I don't know	**x0ne07**
	Was it diagnosed by a doctor?	x0ne06a	☐1 Yes ☐2 No ☐3 I don't know	**x0ne07**
	Since when? (Year)	x0ne06b, x0ne06c	|__|__|__|__| Year or age at that time |__|__|	
	Were you or are you still treated by a doctor for this?	x0ne06d	☐1 Yes, in the past ☐3 No ☐2 Yes, currently ☐4 I don't know	
x0ne07	Has a doctor ever told you that you have multiple sclerosis?	x0ne07	☐1 Yes ☐2 No ☐3 I don't know	**x0ne08**
	In which year was multiple sclerosis diagnosed for the first time?	x0ne07a, x0ne07b	|__|__|__|__| Year or age at that time |__|__|	
x0ne08	Do you suffer from paraesthesias or (burning) pain in the hand?	x0ne08	☐1 Yes ☐2 No ☐3 I don't know	**x0ne21**
	Since when? (Year)	x0ne08a, x0ne08b	|__|__|__|__| Year or age at that time |__|__|	
x0ne21	Have you any other symptoms or neurologic diseases we did not mention yet?	x0ne21	☐1 Yes ☐2 No ☐3 I don't know	**end**

x0ne21e	Describe the neurologic disease as accurately as possible:	x0ne21e	_____	
	Was it diagnosed by a doctor?	x0ne21a	☐1 Yes ☐2 No ☐3 I don't know	**x0ne22**
	When? (Year)	x0ne21b, x0ne21c	|__|__|__|__| Year or |__|__| age at that time	
	Were you or are you still treated by a doctor for this?	x0ne21d	☐1 Yes, in the past ☐2 Yes, currently ☐3 No ☐4 I don't know	
x0ne22	Have you any other neurologic diseases we did not mention yet?	x0ne22	☐1 Yes ☐2 No	**end**
x0ne22e	Describe the neurologic disease as accurately as possible:	x0ne22e	_____	
	Was it diagnosed by a doctor?	x0ne22a	☐1 Yes ☐2 No ☐3 I don't know	**end**
	When? (Year)	x0ne22b, x0ne22c	|__|__|__|__| Year or |__|__| age at that time	
	Were you or are you still treated by a doctor for this?	x0ne22d	☐1 Yes, in the past ☐2 Yes, currently ☐3 No ☐4 I don't know	

[1] Pramstaller PP. et al. Validation of a mail questionnaire for parkinsonism in two languages (German and Italian). J Neurol. 1999 Feb;246(2):79-86.

J:\5-5 New Research Initiatives\5-50 Vinschgau-Study\5-50-5 Study Phenotypes\NEURO\PD-ET

Migraine

x0mg01	Have you had migraine (attack-like headaches) within the last 12 months?	x0mg01	☐1 Yes ☐2 No ☐3 I don't know	**end**
x0mg02a	How often have you had headache within the last 3 months?	x0mg02a	☐1 Rarely or never (max. 1 day per month) ☐2 Occasionally (from 2 to 4 days per month) ☐3 Frequently (from 5 to 15 days per month) ☐4 Chronically (more than 15 days per month)	
x0mg04	How long does your headache last if you do not take drugs or if the treatment has no effect?	x0mg04	☐1 Up to 30 minutes ☐2 More than 30 minutes up to 4 hours ☐3 More than 4 hours up to 3 days ☐4 More than 3 up to 7 days ☐5 More than 7 days ☐6 Don't Know	
x0mg05	Please indicate whether the following headache characteristics apply to you or do not. Do you have a headache ...	x0mg05 x0mg06 x0mg07 x0mg08	Yes No which is limited to one side of the head? ☐1 ☐2 that occurs on both sides of the head? ☐1 ☐2 with pulsating or throbbing quality? ☐1 ☐2 with a dull, oppressive quality? ☐1 ☐2	
x0mg05	Please indicate whether the following headache characteristics apply to you or do not. Do you have a headache ...	x0mg09 x0mg10 x0mg11 x0mg12	Yes No that occurs suddenly at a single point of the head and lasts only few seconds? ☐1 ☐2 that impairs considerably your usual daily activities? ☐1 ☐2 that is aggravated by physical activity, e.g. climbing the stairs? ☐1 ☐2 accompanied by nausea? ☐1 ☐2	

x0mg05	Please indicate whether the following headache characteristics apply to you or do not. Do you have a headache ...		Yes No	
		x0mg13	accompanied by vomiting? ☐1 ☐2	
		x0mg14	accompanied by hypersensitivity to sound? ☐1 ☐2	
		x0mg15	accompanied by hypersensitivity to light? ☐1 ☐2	
		x0mg16	accompanied by hypersensitivity to smell? ☐1 ☐2	
		x0mg17	accompanied by flickering before the eyes or an interruption of the visual field? ☐1 ☐2	
x0mg05	Please indicate whether the following headache characteristics apply to you or do not. Do you have a headache ...		Yes No	
		x0mg18	accompanied by red or watery eyes or runny nose on the side of the head affected by the headache? ☐1 ☐2	
		x0mg19	accompanied by weakness, paralysis or numbness of an arm or a leg, or by speech disturbance? ☐1 ☐2	
		x0mg20	that occurs only during the sleep and therefore wakes you up? ☐1 ☐2	
x0mg21	How many years have you been suffering from headaches?	x0mg21	|__|__|	
x0mg22	How would you rate the intensity of your headaches on average?	x0mg22	☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9 ☐10 1 = very weak pain … 10 = very severe pain	

Pain[1]

x0pn00	Do you suffer from recurrent pain in general (excluding headache) for more than 6 months?	sv00	☐1 Yes	☐2 No	**end**
x0pn01	Do you suffer from back pain?	sv01	☐1 Yes	☐2 No	**x0pn11**
x0pn05a	Localisation of the pain (see image)			Yes / No	
		sv01a_1	lumbar	☐1 / ☐2	
		sv01a_2	thoracic	☐1 / ☐2	
		sv01a_3	cervical	☐1 / ☐2	
x0pn06a	Does the pain radiate into the leg or into the arm?			Yes / No	
		sv01b_1	Leg	☐1 / ☐2	
		sv01b_2	Arm	☐1 / ☐2	
x0pn02a	Since when is the back pain present?	sv01c_1	|__|__| Months		
		sv01c_2	|__|__| Years		
	Frequency in days/month or days/year	sv01c_3	|__|__| Days/Month		
		sv01c_4	|__|__| Days/Year		
	Intensity	sv01c_5	☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9 ☐10 1 = very weak pain … 10 = very severe pain		
x0pn11	Do you suffer from joint pain?	sv03_1	☐1 Yes	☐2 No	**x0pn21**
	Present since: (months) Present since: (years)	sv03_2	|__|__| Months		
		sv03_3	|__|__| Years		
	Frequency in days/month or days/year	sv03_4	|__|__| Days/Month		
		sv03_5	|__|__| Days/Year		
x0pn14	How strong is the joint pain?	sv03a_1	☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9 ☐10 1 = very weak pain … 10 = very severe pain		
	Which joints are affected?	sv03a_2	_____		

x0pn21	Do you suffer from other pain (e.g. abdominal pain, menstrual cramps, toothache)?	sv04_1	☐1 Yes	☐2 No	**x0pn30**
	Present since: (months) Present since: (years)	sv04_2 sv04_3	|__|__| Months |__|__| Years		
	Frequency in days/month or days/year	sv04_4 sv04_5	|__|__| Days/Month |__|__| Days/Year		
x0pn24	Intensity of the pain	sv04a_1	☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9 ☐10 1 = very weak pain … 10 = very severe pain		
	Description/localisation:	sv04a_2	_____		
x0pn30	Which is the main pain?	sv05	_____		
x0pn31	How big is the impairment of daily life caused by the pain(s)?	sv06	☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9 ☐10 1 = no impairment … 10 = very high impairment		

[1] Erhebungsbogen Schmerz-Vorgeschichte (strukturiertes Interview)

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Other diseases

x0ot01	Have you ever had an accident with injuries? e.g. accident at work, road accident	x0ot01	☐1 Yes	☐2 No ☐3 I don't know	**x0ot11**
x0ot01a	Description of the injury:	x0ot01a	_____		
	When? (Year)	x0ot01b, x0ot01c	|__|__|__|__| Year	|__|__| or age at that time	
	Have you had another accident with injuries?	x0ot02	☐1 Yes	☐2 No	**x0ot11**
x0ot02a	Description of the injury:	x0ot02a	_____		
	When? (Year)	x0ot02b, x0ot02c	|__|__|__|__| Year	|__|__| or age at that time	
	Have you had another accident with injuries?	x0ot03	☐1 Yes	☐2 No	**x0ot11**
x0ot03a	Description of the injury:	x0ot03a	_____		
	When? (Year)	x0ot03b, x0ot03c	|__|__|__|__| Year	|__|__| or age at that time	
	Have you had another accident with injuries?	x0ot04	☐1 Yes	☐2 No	**x0ot11**
x0ot04a	Description of the injury:	x0ot04a	_____		
	When? (Year)	x0ot04b, x0ot04c	|__|__|__|__| Year	|__|__| or age at that time	
x0ot11	Have you any other disease we did not mention yet, which was diagnosed by a doctor?	x0ot11	☐1 Yes	☐2 No ☐3 I don't know	**x0ot21**
x0ot11a	Describe the disease as precisely as possible:	x0ot11a	_____		
	Since when? (Year)	x0ot11b, x0ot11c	|__|__|__|__| Year	|__|__| or age at that time	
	Have you any other disease we did not mention yet, which was diagnosed by a doctor?	x0ot12	☐1 Yes	☐2 No	**x0ot21**

x0ot12a	Describe the disease as precisely as possible:	x0ot12a	_____		
	Since when? (Year)	x0ot12b, x0ot12c	|__|__|__|__| Year	|__|__| or age at that time	
	Have you any other disease we did not mention yet, which was diagnosed by a doctor?	x0ot13	☐1 Yes	☐2 No	**x0ot21**
x0ot13a	Describe the disease as precisely as possible:	x0ot13a	_____		
	Since when? (Year)	x0ot13b, x0ot13c	|__|__|__|__| Year	|__|__| or age at that time	
	Have you any other disease we did not mention yet, which was diagnosed by a doctor?	x0ot14	☐1 Yes	☐2 No	**x0ot21**
x0ot14a	Describe the disease as precisely as possible:	x0ot14a	_____		
	Since when? (Year)	x0ot14b, x0ot14c	|__|__|__|__| Year	|__|__| or age at that time	
	Have you any other disease we did not mention yet, which was diagnosed by a doctor?	x0ot15	☐1 Yes	☐2 No	**x0ot21**
x0ot15a	Describe the disease as precisely as possible:	x0ot15a	_____		
	Since when? (Year)	x0ot15b, x0ot15c	|__|__|__|__| Year	|__|__| or age at that time	
	Have you any other disease we did not mention yet, which was diagnosed by a doctor?	x0ot16	☐1 Yes	☐2 No	**x0ot21**
x0ot16a	Describe the disease as precisely as possible:	x0ot16a	_____		
	Since when? (Year)	x0ot16b, x0ot16c	|__|__|__|__| Year	|__|__| or age at that time	
	Have you any other disease we did not mention yet, which was diagnosed by a doctor?	x0ot17	☐1 Yes	☐2 No	**x0ot21**
x0ot17a	Describe the disease as precisely as possible:	x0ot17a	_____		

	Since when? (Year)	x0ot17b, x0ot17c	|__|__|__|__| Year |__|__| or age at that time	
	Have you any other disease we did not mention yet, which was diagnosed by a doctor?	x0ot18	☐1 Yes	☐2 No **x0ot21**
x0ot18a	Describe the disease as precisely as possible:	x0ot18a	_____	
	Since when? (Year)	x0ot18b, x0ot18c	|__|__|__|__| Year |__|__| or age at that time	
	Have you any other disease we did not mention yet, which was diagnosed by a doctor?	x0ot19	☐1 Yes	☐2 No **x0ot21**
x0ot19a	Describe the disease as precisely as possible:	x0ot19a	_____	
	Since when? (Year)	x0ot19b, x0ot19c	|__|__|__|__| Year |__|__| or age at that time	
	Have you any other disease we did not mention yet, which was diagnosed by a doctor?	x0ot20	☐1 Yes	☐2 No **x0ot21**
x0ot20a	Describe the disease as precisely as possible:	x0ot20a	_____	
	Since when? (Year)	x0ot20b, x0ot20c	|__|__|__|__| Year |__|__| or age at that time	
x0ot21	Did you have any surgery we did not mention yet?	x0ot21	☐1 Yes	☐2 No ☐3 I don't know **end**
x0ot21a	What type of surgery did you have?	x0ot21a	_____	
	When? (Year)	x0ot21b, x0ot21c	|__|__|__|__| Year |__|__| or age at that time	
	Did you have any other surgery we did not mention yet?	x0ot22	☐1 Yes	☐2 No **end**
x0ot22a	What type of surgery did you have?	x0ot22a	_____	
	When? (Year)	x0ot22b, x0ot22c	|__|__|__|__| Year |__|__| or age at that time	

	Did you have any other surgery we did not mention yet?	x0ot23	☐1 Yes	☐2 No	**end**
x0ot23a	What type of surgery did you have?	x0ot23a	_____		
	When? (Year)	x0ot23b, x0ot23c	|__|__|__|__| Year	|__|__| or age at that time	
	Did you have any other surgery we did not mention yet?	x0ot24	☐1 Yes	☐2 No	**end**
x0ot24a	What type of surgery did you have?	x0ot24a	_____		
	When? (Year)	x0ot24b, x0ot24c	|__|__|__|__| Year	|__|__| or age at that time	
	INT: *Now stop the recording.*				

Algometer

	With this test we will assess your sensibility to pressure pain. In a moment, I will press this pressure measuring instrument on the tip of your finger. This will cause initially a feeling of pressure; eventually, the pressure will be painful. Please, say immediately "Stop" when you feel no longer only pressure but, in addition, pain. Do not wait until the pain becomes unbearable but rather say "Stop" just in the moment when you start feeling pain. Now, I will show it to you on the middle finger. Then, we will carry out the actual measurement on the index finder.			
	Insert the value in kg	algo_1	|__|__| . |__|	
	The measurement was carried out on the following index finger:	algo_2	☐1 left ☐2 right	

Family

	The next questions are about your parents and grandparents.			
	When were you born?		|__|__| . |__|__| . |__|__|__|__| D D M M Y Y Y Y	
fh01	What is the name and surname of your mother?		_____	
	Where does she come from? (place)		_____	
	When is she born? (date) Or: year of birth (if the exact date is unknown)		|__|__| . |__|__| . |__|__|__|__| D D M M Y Y Y Y Year |__|__|__|__|	
fh02	What is the name and surname of your mother's mother? (maternal grandmother)		_____	
	Where does she come from? (place)		_____	
	When is she born? (date) Or: year of birth (if the exact date is unknown)		|__|__| . |__|__| . |__|__|__|__| D D M M Y Y Y Y Year |__|__|__|__|	
fh03	What is the name and surname of your mother's father? (maternal grandfather)		_____	
	Where does he come from? (place)		_____	
	When is he born? (date) Or: year of birth (if the exact date is unknown)		|__|__| . |__|__| . |__|__|__|__| D D M M Y Y Y Y Year |__|__|__|__|	
fh04	What is the name and surname of your father?		_____	
	Where does he come from? (place)		_____	
	When is he born? (date) Or: year of birth (if the exact date is unknown)		|__|__| . |__|__| . |__|__|__|__| D D M M Y Y Y Y Year |__|__|__|__|	
fh05	What is the name and surname of your father's mother? (paternal grandmother)		_____	

	Where does she come from? (place)		_____	
	When is she born? (date) Or: year of birth (if the exact date is unknown)		|__|__| . |__|__| . |__|__|__|__| D D M M Y Y Y Y Year |__|__|__|__|	
fh06	What is the name and surname of your father's father? (paternal grandfather)		_____	
	Where does he come from? (place)		_____	
	When is he born? (date) Or: year of birth (if the exact date is unknown)		|__|__| . |__|__| . |__|__|__|__| D D M M Y Y Y Y Year |__|__|__|__|	