Table of Contents

Version in use between 2011-08-24 and 2012-11-02

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? (DD.MM.YYYY)	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)?	x0pe02	|__|__|	if x0pe02= 0 **x0pe05**
	What is your birth order among the siblings of the same mother?	x0pe03	|__|__|	
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 ☐3 Divorced ☐4 Widowed ☐5 Single/never married ☐6 Prefer not to answer	
x0pe07	How many persons live constantly in your household, you (including yourself)?	x0pe11a	|__|__|	

x0pe08	What is your highest school education	x0pe08	☐1 No formal education or degree ☐2 Primary school ☐3 Secondary school ☐4 Professional school (istituto professionale) ☐5 Upper secondary school (liceo/istituto tecnico) ☐6 College / University	
x0pe09	In total, how many years did you attend school (starting from the first year of primary school)?	x0pe09	|__|__|	if x0pe08 > 1 & x0pe09 > 5 **end**
x0pe10	Are you able to read a newspaper or to write a letter?	x0pe10	☐1 Yes ☐2 No	

Occupation

	The next questions are about your occupation and your familial environment.			
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	
x0oc12	During the last two years, have you received unemployment benefits?	x0oc12	☐1 Yes ☐2 No	

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	☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9 ☐10 (as above)	
		x0oc04b	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

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	
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 vaginal birth ☐2 Vaginal birth with the aid of delivery forceps or vacuum ☐3 Caesarean section ☐4 I do not know	

x0bi05	For how long were you breastfed as a baby?	x0bi05	☐1 I was not breastfed ☐2 I was breastfed, but I do not know for how long ☐3 0 to 2 weeks ☐4 2 to 4 weeks ☐5 1 to 3 months ☐6 3 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

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

Physical Activity (IPAQ-short)[1]

	The next questions are about your health status.			
p1	Think about all the vigorous activities that you did in the last 7 days. Vigorous physical activities refer to activities that take hard physical effort and make you breathe much harder than normal. Think only about those physical activities that you did for at least 10 minutes at a time.			
x0ip01	During the last 7 days, on how many days did you do vigorous physical activities like heavy lifting, digging, aerobics, or fast bicycling?	x0ip01	|__|__| days	if x0ip01 = 0 **p2**
x0ip01a	How much time did you usually spend doing vigorous physical activities on one of those days?	x0ip01a x0ip01b x0ip01c	|__|__| hours per day |__|__| minutes per day ☐3 I don't know ☐2 {No}	
p2	Think about all the moderate activities that you did in the last 7 days. Moderate activities refer to activities that take moderate physical effort and make you breathe somewhat harder than normal. Think only about those physical activities that you did for at least 10 minutes at a time.			
x0ip02	During the last 7 days, on how many days did you do moderate physical activities like carrying light loads, bicycling at a regular pace, or doubles tennis? Do not include walking.	x0ip02	|__|__| days	if x0ip02= 0 **p3**
x0ip02a	How much time did you usually spend doing moderate physical activities on one of those days?	x0ip02a x0ip02b x0ip02c	|__|__| hours per day |__|__| minutes per day ☐3 I don't know ☐2 {No}	
p3	Think about the time you spent walking in the last 7 days. This includes at work and at home, walking to travel from place to place, and any other walking that you might do solely for recreation, sport, exercise, or leisure.			
x0ip03	During the last 7 days, on how many days did you walk for at least 10 minutes at a time?	x0ip03	|__|__| days	if x0ip03= 0 **p4**
x0ip03a	How much time did you usually spend walking on one of those days?	x0ip03a x0ip03b x0ip03c	|__|__| hours per day |__|__| minutes per day ☐3 I don't know ☐2 {No}	
p4	The last question is about the time you spent sitting on weekdays during the last 7 days. Include time spent at work, at home, while doing course work and during leisure time. This may include time spent sitting at a desk, visiting friends, reading, or sitting or lying down to watch television.			

x0ip04a	During the last 7 days, how much time did you spend sitting on a week day?	x0ip04a x0ip04b x0ip04c	|__|__| hours per day |__|__| minutes per day ☐3 I don't know ☐2 {No}	

[1] International Physical Activity Questionnaire https://sites.google.com/site/theipaq/home

J:\5-5 New Research Initiatives\5-50 Vinschgau-Study\5-50-6 Questionnaires and Scales\Interview\IPAQ

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
	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
	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
	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

x0fd30	Do you follow a diet or do you have special eating habits?	x0fd30	☐1 Yes	☐2 No	
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?		☐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	Alcohol-free beer (number of glasses a 0.2 l) |__|__|	
		x0al03b	Beer (number of glasses a 0.2 l) |__|__|	
		x0al03c	Wine or champagne (number of glasses a 0.125 l) |__|__|	
		x0al03d	Red wine (number of glasses a 0.125 l) |__|__|	
		x0al03e	Liquor (number of glasses a 0.02 l) |__|__|	
		x0al03f	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	Alcohol-free beer (number of glasses a 0.2 l) |__|__|	
		x0al04b	Beer (number of glasses a 0.2 l) |__|__|	
		x0al04c	Wine or champagne (number of glasses a 0.125 l) |__|__|	**x0al08a**
		x0al04d	Red wine (number of glasses a 0.125 l) |__|__|	
		x0al04e	Liquor (number of glasses a 0.02 l) |__|__|	
		x0al04f	Cocktails (with alcohol)? (number of glasses a 0,3 l) |__|__|	
x0al05a	Why have you not drunk/ drunk few alcoholic drinks during the last 12 months?		Yes No	
		x0al05a	Presence of a disease ☐1 ☐0	
		x0al05b	Other health reasons / for protection of the own health ☐1 ☐0	
		x0al05c	Recommendation of a physician ☐1 ☐0	**x0al08a**
		x0al05d	Financial reasons ☐1 ☐0	
		x0al05e	Religious reasons ☐1 ☐0	
		x0al05f	I am a recovered alcoholic ☐1 ☐0	
		x0al05g	Other reasons ☐1 ☐0	**x0al08a**
		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	
x0al08a	Have you ever felt you ought to cut down on your drinking?	x0al08a	☐1 Yes ☐2 No	
x0al08b	Have people annoyed you by criticizing your drinking?	x0al08b	☐1 Yes ☐2 No	
x0al08c	Have you ever felt bad or guilty about your drinking?	x0al08c	☐1 Yes ☐2 No	
x0al08d	Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hangover (Eyeopener)?	x0al08d	☐1 Yes ☐2 No	

[1] Ewing JA. Detecting alcoholism. The CAGE questionnaire. JAMA. 1984 Oct 12;252(14):1905-7.

Smoking

x0sm00	Do you currently smoke cigarettes?	x0sm00	☐1 Yes	☐2 No	**x0sm05**
x0sm01a	In which year did you start smoking cigarettes or how old were you at that time?	x0sm01a, x0sm01b	|__|__|__|__| Year	|__|__| or age at that time	
x0sm02	Do you smoke regularly or occasionally? Occasionally means less than one cigarette per day.	x0sm02	☐1 Regularly	☐2 Occasionally	**x0sm04**
x0sm03	How many cigarettes do you smoke on average per day?	x0sm03	|__|__|		
x0sm04	During the last 12 months, did you try to stop smoking?	x0sm04	☐1 Yes	☐2 No	**x0sm10**
x0sm05	Have you ever smoked cigarettes? Cigars, pipes etc. are not intended.	x0sm05	☐1 Yes, regularly ☐2 Yes, occasionally		
			☐4 No		**x0sm10**
x0sm06a	Began when? (Year)	x0sm06a, x0sm06b	|__|__|__|__| Year	|__|__| or age at that time	
x0sm07	When did you stop smoking cigarettes?	x0sm07	☐1 Less than one month ago ☐2 1-3 months ago ☐3 4-6 months ago ☐4 7-12 months ago ☐5 More than one year ago		
		x0sm07a, x0sm07b	|__|__|__|__| Year	|__|__| or age at that time	
x0sm08	How many cigarettes per day did you smoke then on average?	x0sm08	|__|__|		
x0sm10	Have you ever smoked pipe (more than 20 times)?	x0sm10	☐1 Yes	☐2 No ☐3 I don't know	**x0sm14**
	Began when? (Year)	x0sm11a, x0sm11b	|__|__|__|__| Year	|__|__| or age at that time	

x0sm12a	To (year) Or until now	x0sm12a, x0sm12b x0sm12c	|__|__|__|__| Year |__|__| or age at that time ☐1 Until now ☐2 {No}	
x0sm13a	How many pipes do you or did you smoke on average	x0sm13a x0sm13b	|__|__| per day? |__|__| per month?	
x0sm14	Have you ever smoked cigars (more than 20 times)?	x0sm14	☐1 Yes ☐2 No ☐3 I don't know	**x0sm18**
	Began when? (Year)	x0sm15a, x0sm15b	|__|__|__|__| Year |__|__| or age at that time	
x0sm16a	Do you currently smoke cigars or until when did you smoke cigars? To (year) Or until now	x0sm16a, x0sm16b x0sm16c	|__|__|__|__| Year |__|__| or age at that time ☐1 Until now ☐2 {No}	
x0sm17a	How many cigars do you or did you smoke on average	x0sm17a x0sm17b	|__|__| per day? |__|__| per month?	
x0sm18	In total, have you chewed tobacco more than 20 times in your lifetime?	x0sm18	☐1 Yes ☐2 No ☐3 I don't know	**x0sm22**
	Began when? (Year)	x0sm19a, x0sm19b	|__|__|__|__| Year |__|__| or age at that time	
x0sm20a	Do you currently chew tobacco or until when did you chew tobacco? To (year) Or until now	x0sm20a, x0sm20b x0sm20c	|__|__|__|__| Year |__|__| or age at that time ☐1 Until now ☐2 {No}	
x0sm21a	How many times do you or did you chew tobacco on average?	x0sm21a x0sm21b	|__|__| per day? |__|__| per month?	
x0sm22	In total, have you taken snuff tobacco more than 20 times in your lifetime?	x0sm22	☐1 Yes ☐2 No ☐3 I don't know	**x0sm26**
	Began when? (Year)	x0sm23a, x0sm23b	|__|__|__|__| Year |__|__| or age at that time	

x0sm24a	Do you currently take snuff tobacco or until when did you taken snuff tobacco? To (year) Or until now	x0sm24a, x0sm24b x0sm24c	|__|__|__|__| Year ☐1 Until now	|__|__| or age at that time ☐2 {No}	
x0sm25a	How many times do you or did you snuff tobacco on average?	x0sm25a x0sm25b	|__|__| per day? |__|__| per month?		
x0sm26	Do people in your home smoke in your presence?	x0sm26	☐1 Yes	☐2 No	**x0sm29**
x0sm26a	In what period of time?	x0sm26a x0sm26b	From (year) |__|__|__|__| To (year) |__|__|__|__|		
	In another period of time?	x0sm27	☐1 Yes	☐2 No	**x0sm29**
x0sm27a	In what period of time?	x0sm27a x0sm27b	From (year) |__|__|__|__| To (year) |__|__|__|__|		
	In another period of time?	x0sm28	☐1 Yes	☐2 No	**x0sm29**
x0sm28a	In what period of time?	x0sm28a x0sm28b	From (year) |__|__|__|__| To (year) |__|__|__|__|		
x0sm29	At work, do you have to stay in rooms where other people smoke?	x0sm29	☐1 Yes	☐2 No	**end**
x0sm29a	In what period of time?	x0sm29a x0sm29b	From (year) |__|__|__|__| To (year) |__|__|__|__|		
	In another period of time?	x0sm30	☐1 Yes	☐2 No	**end**
x0sm30a	In what period of time?	x0sm30a x0sm30b	From (year) |__|__|__|__| To (year) |__|__|__|__|		
	In another period of time?	x0sm31	☐1 Yes	☐2 No	**end**
x0sm31a	In what period of time?	x0sm31a x0sm31b	From (year) |__|__|__|__| To (year) |__|__|__|__|		

Vaccination

	Have you been inoculated against the following diseases in the last 10 years?			
	Tetanus	x0va01	☐1 Yes ☐2 No ☐3 I don't know	
	Diphtheria	x0va02	☐1 Yes ☐2 No ☐3 I don't know	
	Polio (poliomyelitis)	x0va03	☐1 Yes ☐2 No ☐3 I don't know	
	Encephalitis after tick bite	x0va04	☐1 Yes ☐2 No ☐3 I don't know	
	Virus influenza	x0va05	☐1 Yes ☐2 No ☐3 I don't know	
	Swine influenza	x0va06	☐1 Yes ☐2 No ☐3 I don't know	
	Have you been inoculated against the following diseases in the last 10 years?			
	Typhoid	x0va07	☐1 Yes ☐2 No ☐3 I don't know	
	German measles	x0va08	☐1 Yes ☐2 No ☐3 I don't know	
	Measles	x0va09	☐1 Yes ☐2 No ☐3 I don't know	
	Mumps	x0va10	☐1 Yes ☐2 No ☐3 I don't know	
	Tuberculosis	x0va11	☐1 Yes ☐2 No ☐3 I don't know	
	Hepatitis B	x0va12	☐1 Yes ☐2 No ☐3 I don't know	
	In the last 10 years, have you been inoculated against another disease we did not mention yet?	x0va13	☐1 Yes	☐2 No ☐3 I don't know **end**
	Please specify which	x0va13a	_____	

Chronic diseases

x0cd01	Has a doctor ever told you that you have a liver disease?	x0cd01	☐1 Yes	☐2 No ☐3 I don't know	**x0cd02**
	In which year was it diagnosed for the first time?	x0cd01a, x0cd01b	|__|__|__|__| Year |__|__| or age at that time		
	Have you had a liver disease within the last 12 months?	x0cd01c	☐1 Yes	☐2 No ☐3 I don't know	**x0cd02**
	Were you treated for this disease within the last 12 months?	x0cd01d	☐1 Yes	☐2 No ☐3 I don't know	
x0cd02	Has a doctor ever told you that you have gastritis?	x0cd02	☐1 Yes	☐2 No ☐3 I don't know	**x0cd03**
	In which year was it diagnosed for the first time?	x0cd02a, x0cd02b	|__|__|__|__| Year |__|__| or age at that time		
	Have you had gastritis within the last 12 months?	x0cd02c	☐1 Yes	☐2 No ☐3 I don't know	**x0cd03**
	Were you treated for this disease within the last 12 months?	x0cd02d	☐1 Yes	☐2 No ☐3 I don't know	
x0cd03	Has a doctor ever told you that you have a peptic or a duodenal ulcer?	x0cd03	☐1 Yes	☐2 No ☐3 I don't know	**x0cd04**
	In which year was it diagnosed for the first time?	x0cd03a, x0cd03b	|__|__|__|__| Year |__|__| or age at that time		
	Have you had a peptic ulcer or a duodenal ulcer within the last 12 months?	x0cd03c	☐1 Yes	☐2 No ☐3 I don't know	**x0cd04**
	Were you treated for this disease within the last 12 months?	x0cd03d	☐1 Yes	☐2 No ☐3 I don't know	
x0cd04	Has a doctor ever told you that you have an inflammatory bowel disease (Crohn's disease, ulcerative colitis)?	x0cd04	☐1 Yes	☐2 No ☐3 I don't know	**x0cd05**
	In which year was it diagnosed for the first time?	x0cd04a, x0cd04b	|__|__|__|__| Year |__|__| or age at that time		
	Have you had an inflammatory bowel disease within the last 12 months?	x0cd04c	☐1 Yes	☐2 No ☐3 I don't know	**x0cd05**

	Were you treated for this disease within the last 12 months?	x0cd04d	☐1 Yes ☐2 No ☐3 I don't know	
x0cd05	Has a doctor ever told you that you have a gall bladder inflammation or gallstones?	x0cd05	☐1 Yes ☐2 No ☐3 I don't know	**x0cd06**
	In which year was it diagnosed for the first time?	x0cd05a, x0cd05b	|__|__|__|__| Year or |__|__| age at that time	
	Have you had a gall bladder inflammation or gallstones within the last 12 months?	x0cd05c	☐1 Yes ☐2 No ☐3 I don't know	**x0cd06**
	Were you treated for this disease within the last 12 months?	x0cd05d	☐1 Yes ☐2 No ☐3 I don't know	
x0cd06	Has a doctor ever told you that you have gout, raised levels of uric acid?	x0cd06	☐1 Yes ☐2 No ☐3 I don't know	**x0cd07**
	In which year was it diagnosed for the first time?	x0cd06a, x0cd06b	|__|__|__|__| Year or |__|__| age at that time	
	Have you had gout, raised uric acid within the last 12 months?	x0cd06c	☐1 Yes ☐2 No ☐3 I don't know	**x0cd07**
	Were you treated for this disease within the last 12 months?	x0cd06d	☐1 Yes ☐2 No ☐3 I don't know	
x0cd07	Has a doctor ever told you that you have an inflammatory joint disease (e.g. chronic polyarthritis)?	x0cd07	☐1 Yes ☐2 No ☐3 I don't know	**x0cd08**
	In which year was it diagnosed for the first time?	x0cd07a, x0cd07b	|__|__|__|__| Year or |__|__| age at that time	
	Have you had an inflammatory joint disease within the last 12 months?	x0cd07c	☐1 Yes ☐2 No ☐3 I don't know	**x0cd08**
	Were you treated for this disease within the last 12 months?	x0cd07d	☐1 Yes ☐2 No ☐3 I don't know	
x0cd08	Has a doctor ever told you that you have arthrosis of hip, knee, shoulder or ankle joints	x0cd08	☐1 Yes ☐2 No ☐3 I don't know	**x0cd09**
	In which year was it diagnosed for the first time?	x0cd08a, x0cd08b	|__|__|__|__| Year or |__|__| age at that time	

	Have you had arthrosis of hip, knee, shoulder or ankle joints the last 12 months?	x0cd08c	☐1 Yes	☐2 No ☐3 I don't know	**x0cd09**
	Were you treated for this disease within the last 12 months?	x0cd08d	☐1 Yes	☐2 No ☐3 I don't know	
x0cd09	Has a doctor ever told you that you have a degeneration of the backbone, e.g. spinal disc herniation, low back pain?	x0cd09	☐1 Yes	☐2 No ☐3 I don't know	**x0cd10**
	In which year was it diagnosed for the first time?	x0cd09a, x0cd09b	|__|__|__|__| Year	|__|__| or age at that time	
	Have you had back pains, pain from intervertebral discs, as for example slipped disk (Sciatica) within the last 12 months?	x0cd09c	☐1 Yes	☐2 No ☐3 I don't know	**x0cd10**
	Were you treated for this disease within the last 12 months?	x0cd09d	☐1 Yes	☐2 No ☐3 I don't know	
x0cd10	Has a doctor ever told you that you have osteoporosis i.e. decreased bone density?	x0cd10	☐1 Yes	☐2 No ☐3 I don't know	**x0cd11**
	In which year was it diagnosed for the first time?	x0cd10a, x0cd10b	|__|__|__|__| Year	|__|__| or age at that time	
	Have you had osteoporosis, i.e. decreased bone density within the last 12 months?	x0cd10c	☐1 Yes	☐2 No ☐3 I don't know	**x0cd11**
	Were you treated for this disease within the last 12 months?	x0cd10d	☐1 Yes	☐2 No ☐3 I don't know	
x0cd11	Has a doctor ever told you that you have a sight disorder (e.g. cataract, glaucoma)?	x0cd11	☐1 Yes	☐2 No ☐3 I don't know	**x0cd12**
	In which year was it diagnosed for the first time?	x0cd11a, x0cd11b	|__|__|__|__| Year	|__|__| or age at that time	
	Have you had a sight disorder within the last 12 months?	x0cd11c	☐1 Yes	☐2 No ☐3 I don't know	**x0cd12**
	Were you treated for this disease within the last 12 months?	x0cd11d	☐1 Yes	☐2 No ☐3 I don't know	
x0cd12	Has a doctor ever told you that you have a hearing impairment (e.g. deafness even with the use of a hearing aid device)?	x0cd12	☐1 Yes	☐2 No ☐3 I don't know	**x0cd13**

	In which year was it diagnosed for the first time?	x0cd12a, x0cd12b	|__|__|__|__| Year or age at that time |__|__|	
	Have you had a hearing impairment within the last 12 months?	x0cd12c	☐1 Yes ☐2 No ☐3 I don't know	**x0cd13**
	Were you treated for this disease within the last 12 months?	x0cd12d	☐1 Yes ☐2 No ☐3 I don't know	
x0cd13	Has a doctor ever told you that you have an anxiety or a panic disorder?	x0cd13	☐1 Yes ☐2 No ☐3 I don't know	**end**
	In which year was it diagnosed for the first time?	x0cd13a, x0cd13b	|__|__|__|__| Year or age at that time |__|__|	
	Have you had an anxiety or a panic disorder within the last 12 months?	x0cd13c	☐1 Yes ☐2 No ☐3 I don't know	**end**
	Were you treated for this disease within the last 12 months?	x0cd13d	☐1 Yes ☐2 No ☐3 I don't know	

Pain[1]

x0pn00	Do you suffer from recurrent pain in general (excluding headache) for more than 6 months?	x0pn00	☐1 Yes	☐2 No	**end**
x0pn01	Do you suffer from back pain?	x0pn01	☐1 Yes	☐2 No	**x0pn11**
x0pn05a	Localisation of the pain (see image)			Yes / No	
		x0pn05a	lumbar	☐1 / ☐2	
		x0pn05b	thoracic	☐1 / ☐2	
		x0pn05c	cervical	☐1 / ☐2	
x0pn06a	Does the pain radiate into the leg or into the arm?			Yes / No	
		x0pn06a	Leg	☐1 / ☐2	
		x0pn06b	Arm	☐1 / ☐2	
x0pn02a	Since when is the back pain present?	x0pn02a	|__|__| Months		
		x0pn02b	|__|__| Years		
	Frequency in days/month or days/year	x0pn03a	|__|__| Days/Month		
		x0pn03b	|__|__| Days/Year		
	Intensity	x0pn04	☐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?	x0pn11	☐1 Yes	☐2 No	**x0pn21**
	Present since: (months) Present since: (years)	x0pn12a	|__|__| Months		
		x0pn12b	|__|__| Years		
	Frequency in days/month or days/year	x0pn13a	|__|__| Days/Month		
		x0pn13b	|__|__| Days/Year		
x0pn14	How strong is the joint pain?	x0pn14	☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9 ☐10 1 = very weak pain … 10 = very severe pain		
	Which joints are affected?	x0pn15	_____		

x0pn21	Do you suffer from other pain (e.g. abdominal pain, menstrual cramps, toothache)?	x0pn21	☐1 Yes	☐2 No	**x0pn30**
	Present since: (months) Present since: (years)	x0pn22a x0pn22b	|__|__| Months |__|__| Years		
	Frequency in days/month or days/year	x0pn23a x0pn23b	|__|__| Days/Month |__|__| Days/Year		
x0pn24	Intensity of the pain	x0pn24	☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9 ☐10 1 = very weak pain … 10 = very severe pain		
	Description/localisation:	x0pn25	_____		
x0pn30	Which is the main pain?	x0pn30	_____		
x0pn31	How big is the impairment of daily life caused by the pain(s)?	x0pn31	☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9 ☐10 1 = no impairment … 10 = very high impairment		

[1] Erhebungsbogen Schmerz-Vorgeschichte (strukturiertes Interview)

J:\5-5 New Research Initiatives\5-50 Vinschgau-Study\5-50-5 Study Phenotypes\NEURO\Pain\pain phenotyping (from Ruth)\Schmerz-Vorgeschichte strukturiertes Interview

Cancer

x0ca00	Have you ever had cancer?	c039s	☐1 Yes	☐2 No ☐3 I don't know	**end**
x0ca00a	How many malignant tumours (cancer) have you had?	c039sx	|__|__|		
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	

Blood values

x0bl01	Have you ever been told that you have elevated or high blood pressure?	x0bl01	☐1 Yes	☐2 No ☐3 I don't know	**x0bl11**
x0bl01a	In which year was your elevated blood pressure diagnosed for the first time? Or how old were you at that time?	x0bl01a, x0bl01b	|__|__|__|__| Year	|__|__| or age at that time	
x0bl11	Have you had raised blood lipids (cholesterol, triglycerides) within the last 12 months?	x0bl11	☐1 Yes	☐2 No ☐3 I don't know	**end**
x0bl11a	In which year were your elevated blood lipids diagnosed for the first time or age at that time or how old were you at that time?	x0bl11a, x0bl11b	|__|__|__|__| Year	|__|__| or age at that time	

Thyroid diseases

x0th00	Were you ever diagnosed to have a thyroid disease?	x0th00	☐1 Yes	☐2 No ☐3 I don't know	**x0th11**
x0th01	Which thyroid disease were you diagnosed for?		**No** / **Don't Know** / **Yes**	**Year of diagnosis**	
	1. Hyperthyroidism	x0th01, x0th01a	☐2 ☐3 ☐1 ⇨ Year	|__|__|__|__|	
	2. Hypothyroidism	x0th02, x0th02a	☐2 ☐3 ☐1 ⇨ Year	|__|__|__|__|	
	3. Goiter	x0th03, x0th03a	☐2 ☐3 ☐1 ⇨ Year	|__|__|__|__|	
	4. Nodule	x0th04, x0th04a	☐2 ☐3 ☐1 ⇨ Year	|__|__|__|__|	
	5. Graves' disease (Basedow's disease)	x0th05, x0th05a	☐2 ☐3 ☐1 ⇨ Year	|__|__|__|__|	
	6. Cancer	x0th06, x0th06a	☐2 ☐3 ☐1 ⇨ Year	|__|__|__|__|	
	7. Other thyroid diseases	x0th09, x0th09a	☐2 ☐3 ☐1 ⇨ Year	|__|__|__|__|	
x0th11	Were you ever submitted to a radioiodine therapy?	x0th11	☐1 Yes	☐2 No ☐3 I don't know	**x0th12**
x0th11a	In which year?	x0th11a	Year	|__|__|__|__|	
x0th12	Were you ever submitted to an operation to the thyroid gland?	x0th12	☐1 Yes	☐2 No ☐3 I don't know	**end**
x0th12a	In which year?	x0th12a	Year	|__|__|__|__|	

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		**c03_053**
			☐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		**c03_053**
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**
	Was it diagnosed by a doctor?	x0mi08a	☐1 Yes	☐2 No ☐3 I don't know	**x0mi09**

		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 ⇨ _____			**c02_038** if c035s = 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 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	Do you have a heart defect, currently, in the past or childhood?	x0hf06	☐1 Yes	☐2 No ☐3 I don't know	**x0hf07**
	Describe the heart defect 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**

		x0hf07a, x0hf07b	|__|__|__|__| Year or age at that time |__|__|	
	Where there conspicuous findings?	x0hf07c	☐1 Yes	☐2 No **x0hf08**
	Which?	x0hf07d	_____	
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 |__|__|	
	Have you had a heart failure within the last 12 months?	x0hf08c	☐1 Yes ☐2 No ☐3 I don't know	
	Were you treated for this within the last 12 months?	x0hf08d	☐1 Yes ☐2 No ☐3 I don't know	

Cardiac arrhythmias

x0af01	Has a doctor ever told you that you have a valvular heart disease or another heart disease?	x0af01	☐1 Yes	☐2 No ☐3 I don't know	**x0af02**
	In which year was the heart disease diagnosed for the first time?	x0af01a, x0af01b	|__|__|__|__| Year	|__|__| or age at that time	
	Have you had a heart disease within the last 12 months?	x0af01c	☐1 Yes	☐2 No ☐3 I don't know	
	Were you treated for a heart disease within the last 12 months?	x0af01d	☐1 Yes	☐2 No ☐3 I don't know	
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?	x0af04	☐1 Yes	☐2 No ☐3 I don't know	

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	

Stroke

x0st00	Have you ever been told by a doctor that you had a stroke?	x0st00	☐1 Yes	☐2 No ☐3 I don't know	**end**
x0st00a	In total, how many strokes have you had?	x0st00a	|__|__|		
x0st01a	In which year did the first/ second/ third/ fourth/ fifth stroke occur? (x0st01a / x0st02a / x0st03a / x0st04a / x0st05a) Were you treated inpatient in a hospital at that time? (x0st01b / x0st02b / x0st03b / x0st04b / x0st05b) In which hospital were you treated? (x0st01c / x0st02c / x0st03c / x0st04c / x0st05c)				
	Year **Treated in-patient?** No Yes **Hospital** |__|__|__|__| ☐2 ☐1 ⇨ _____ |__|__|__|__| ☐2 ☐1 ⇨ _____ |__|__|__|__| ☐2 ☐1 ⇨ _____ |__|__|__|__| ☐2 ☐1 ⇨ _____ |__|__|__|__| ☐2 ☐1 ⇨ _____				**end** if x0st00a = 1 = 2 = 3 = 4

Kidney diseases

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	Have you ever been told that you had a glomerulonephritis?	x0ki01	☐1 Yes	☐2 No ☐3 I don't know	**x0ki02**
	In which year was a glomerulonephritis diagnosed for the first time?	x0ki01a, x0ki01b	|__|__|__|__| Year	|__|__| or age at that time	
	How were you treated?	x0ki01c	☐1 No treatment ☐2 With drugs ☐3 With drugs and diet ☐4 With dialysis ☐5 A renal transplantation was performed ☐6 Other		
	Please specify the name of the disease:	x0ki01d	_____		
x0ki02	Have you ever been told that you had a pyelonephritis?	x0ki02	☐1 Yes	☐2 No ☐3 I don't know	**x0cd14**
	In which year was a pyelonephritis diagnosed for the first time?	x0ki02a, x0ki02b	|__|__|__|__| Year	|__|__| or age at that time	
	How were you treated?	x0ki02c	☐1 No treatment ☐2 With drugs ☐3 With drugs and diet ☐4 With dialysis ☐5 A renal transplantation was performed ☐6 Other		
	Please specify the name of the disease:	x0ki02d	_____		
x0cd14	Have you ever been told that you had a vasculitis (including lupus erythematosus)	x0cd14	☐1 Yes	☐2 No ☐3 I don't know	**x0ki04**
	In which year was a vasculitis diagnosed for the first time?	x0cd14a, x0cd14b	|__|__|__|__| Year	|__|__| or age at that time	

	How were you treated?	x0cd14c	☐1 No treatment ☐2 With drugs ☐3 With drugs and diet ☐4 With dialysis ☐5 A renal transplantation was performed ☐6 Other	
	Please specify the name of the disease:	x0cd14d	_____	
x0ki04	Have you ever been told that you had 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 a disease of the renal arteries diagnosed for the first time?	x0ki04a, x0ki04b	|__|__|__|__| Year |__|__| or age at that time	
	How were you treated?	x0ki04c	☐1 No treatment ☐2 With drugs ☐3 With drugs and diet ☐4 With dialysis ☐5 A renal transplantation was performed ☐6 Other	
	Please specify the name of the disease:	x0ki04d	_____	
x0ki05	Have you ever been told that you had hereditary or congenital kidney disease (including polycystic kidney disease)?	x0ki05	☐1 Yes ☐2 No ☐3 I don't know	**x0ki06**
	In which year was it diagnosed for the first time?	x0ki05a, x0ki05b	|__|__|__|__| Year |__|__| or age at that time	

	How were you treated?	x0ki05c	☐1 No treatment ☐2 With drugs ☐3 With drugs and diet ☐4 With dialysis ☐5 A renal transplantation was performed ☐6 Other	
	Please specify the name of the disease:	x0ki05d	_____	
x0ki06	Have you ever been told that you had a kidney cancer?	x0ki06	☐1 Yes ☐2 No ☐3 I don't know	**x0ki07**
	In which year was a kidney cancer diagnosed for the first time?	x0ki06a, x0ki06b	|__|__|__|__| Year |__|__| or age at that time	
	How were you treated?	x0ki06c	☐1 No treatment ☐2 With drugs ☐3 With drugs and diet ☐4 With dialysis ☐5 A renal transplantation was performed ☐6 Other	
	Please specify the localisation of the tumour:	x0ki06d	_____	
x0ki07	Have you ever been told that you had 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	
	How were you treated?	x0ki07c	☐1 No treatment ☐2 With drugs ☐3 With drugs and diet ☐4 With dialysis ☐5 A renal transplantation was performed ☐6 Other	

x0ki08	Have you ever been told that you had another kidney disease?	x0ki08	☐1 Yes	☐2 No ☐3 I don't know	**x0ki09**
	In which year was it diagnosed for the first time?	x0ki08a, x0ki08b	|__|__|__|__| Year |__|__| or age at that time		
	How were you treated?	x0ki08c	☐1 No treatment ☐2 With drugs ☐3 With drugs and diet ☐4 With dialysis ☐5 A renal transplantation was performed ☐6 Other		
	If you remember it, please specify the name of the disease:	x0ki08d	_____		
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	**x0ki10**
	In which year?	x0ki09a, x0ki09b	|__|__|__|__| Year |__|__| or age at that time		
	Is the renal failure still present?	x0ki09c	☐1 Yes ☐2 No ☐3 I don't know		
	How are or were you treated?	x0ki09d	☐1 No treatment ☐2 With drugs ☐3 With drugs and diet ☐4 With dialysis ☐5 A renal transplantation was performed ☐6 Other		
x0ki10	Have you ever undergone a kidney transplantation?	x0ki10	☐1 Yes	☐2 No ☐3 I don't know	**x0ki16**
	How many transplantations?	x0ki10a	|__|__|		
x0ki11a	Year of the first transplantation	x0ki11a, x0ki11b	|__|__|__|__| Year |__|__| or age at that time		if x0ki10a = 1 **x0ki16**

x0ki12a	Year of the second transplantation	x0ki12a, x0ki12b	|__|__|__|__| Year or |__|__| age at that time	if x0ki10a = 2 **x0ki16**
x0ki13a	Year of the third transplantation	x0ki13a, x0ki13b	|__|__|__|__| Year or |__|__| age at that time	if x0ki10a = 3 **x0ki16**
x0ki14a	Year of the fourth transplantation	x0ki14a, x0ki14b	|__|__|__|__| Year or |__|__| age at that time	if x0ki10a = 4 **x0ki16**
x0ki15a	Year of the fifth transplantation	x0ki15a, x0ki15b	|__|__|__|__| Year or |__|__| age at that time	
x0ki16	Have you undergone another renal surgery?	x0ki16	☐1 Yes ☐2 No ☐3 I don't know	**end**
x0ki17	Were you operated because of kidney stones?	x0ki17	☐1 Yes ☐2 No ☐3 I don't know	**x0ki18**
	In which year?	x0ki17a, x0ki17b	|__|__|__|__| Year or |__|__| age at that time	
x0ki18	Were you operated because of medical problem?	x0ki18	☐1 Yes ☐2 No ☐3 I don't know	**x0ki19**
	In which year?	x0ki18a, x0ki18b	|__|__|__|__| Year or |__|__| age at that time	
x0ki19	Were you operated to donate 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**
	In which year?	x0ki21a, x0ki21b	|__|__|__|__| Year or |__|__| age at that time	

Neurology

x0ne01	Has a doctor ever told you that you have epilepsy or febrile seizures (mostly as a child)?	x0ne01	☐1 Yes	☐2 No ☐3 I don't know	**x0ne02**
	In which year was epilepsy or febrile seizures diagnosed for the first time?	x0ne01a, x0ne01b	|__|__|__|__| Year	|__|__| or age at that time	
	Have you had epilepsy or febrile seizures within the last 12 months?	x0ne01c	☐1 Yes ☐2 No ☐3 I don't know		
	Were you treated for epilepsy or febrile seizures within the last 12 months?	x0ne01d	☐1 Yes ☐2 No ☐3 I don't know		
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	**x0ne03a**
	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 ☐2 Yes, currently	☐3 No ☐4 I don't know	
x0ne03a	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	
		parkinson	positive to Parkinson |__|__|	if score < 3 & ne02j != 1 & ne02k != 1 **x0ne04**
x0rb01[2]	I sometimes have very vivid dreams.	x0rb01	☐1 Yes ☐2 No	
x0rb02[2]	My dreams frequently have an aggressive or action-packed content.	x0rb02	☐1 Yes ☐2 No	
x0rb03[2]	The dream contents mostly match my nocturnal behaviour.	x0rb03	☐1 Yes ☐2 No	
x0rb04[2]	I know that my arms or legs move when I sleep.	x0rb04	☐1 Yes ☐2 No	**x0rb06**
x0rb05[2]	It thereby happened that I (almost) hurt my bed partner or myself.	x0rb05	☐1 Yes ☐2 No	
x0rb06[2]	I have or had the following phenomena during my dreams:		Yes / No	
		x0rb06	speaking, shouting, swearing, laughing loudly ☐1 ☐2	
		x0rb07	sudden limb movements, "fights" ☐1 ☐2	
		x0rb08	gestures, complex movements, that are useless during sleep, e.g., to wave, to salute, to frighten mosquitoes, falls off the bed ☐1 ☐2	
		x0rb09	things that fell down around the bed, e.g., bedside lamp, book, glasses ☐1 ☐2	
x0rb10[2]	It happens that my movements awake me.	x0rb10	☐1 Yes ☐2 No	

x0rb11[2]	After awakening I mostly remember the content of my dreams well.	x0rb11	☐1 Yes ☐2 No	
x0rb12[2]	My sleep is frequently disturbed.	x0rb12	☐1 Yes ☐2 No	
x0rb13[2]	I have/had a disease of the nervous system (e.g., stroke, head trauma, parkinsonism, RLS, narcolepsy, depression, epilepsy, inflammatory disease of the brain)?	x0rb13	☐1 Yes ☐2 No	
x0ne04	Has a doctor ever told you that you have Huntington's disease?	x0ne04	☐1 Yes ☐2 No ☐3 I don't know	**x0ne05**
	In which year was Huntington's disease diagnosed for the first time?	x0ne04a, x0ne04b	|__|__|__|__| Year |__|__| or age at that time	
	Were you treated for Huntington's disease within the last 12 months?	x0ne04c	☐1 Yes ☐2 No ☐3 I don't know	
x0ne05	Has a doctor ever told you that you have a myoclonus, a tic, or dystonia?	x0ne05	☐1 Yes ☐2 No ☐3 I don't know	**x0ne06**
	In which year was a myoclonus, a tic, or dystonia diagnosed for the first time?	x0ne05a, x0ne05b	|__|__|__|__| Year |__|__| or age at that time	
	Have you had a myoclonus, a tic, or dystonia within the last 12 months?	x0ne05c	☐1 Yes ☐2 No ☐3 I don't know	
	Were you treated for a myoclonus, a tic, or dystonia within the last 12 months?	x0ne05d	☐1 Yes ☐2 No ☐3 I don't know	
	Which type of movement occurs?	x0ne05e	☐1 Myoclonus: sudden muscle jerks of big muscles ☐2 Tics: repetitive twitching movements or grimaces ☐3 Dystonia: persistent muscle contractions, e.g. torticollis ☐4 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	
	Have you had multiple sclerosis within the last 12 months?	x0ne07c	☐1 Yes ☐2 No ☐3 I don't know	
	Were you treated multiple sclerosis within the last 12 months?	x0ne07d	☐1 Yes ☐2 No ☐3 I don't know	
x0ne08	Do you suffer from paraesthesias or (burning) pain in the hand?	x0ne08	☐1 Yes ☐2 No ☐3 I don't know	**x0ne20**
	Since when? (Year)	x0ne08a, x0ne08b	|__|__|__|__| Year or |__|__| age at that time	
x0ne20	Have you any other symptoms or neurologic diseases?	x0ne20	☐1 Yes ☐2 No ☐3 I don't know	**x0ne11**
	Was it diagnosed by a doctor?	x0ne20a	☐1 Yes ☐2 No ☐3 I don't know	**x0ne11**
	Since when? (Year)	x0ne20b, x0ne20c	|__|__|__|__| Year or |__|__| age at that time	
	Were you or are you still treated by a doctor for this?	x0ne20d	☐1 Yes, in the past ☐3 No ☐2 Yes, currently ☐4 I don't know	
x0ne11	Do you suffer from sleep disorders?	x0ne11	☐1 Yes ☐2 No ☐3 I don't know	**x0ne12**
	Since when? (Year)	x0ne11a, x0ne11b	|__|__|__|__| Year or |__|__| age at that time	
	How many days per week do you take sleeping pills?	x0ne11c	|__|__|	

	Describe the sleep disorder:	x0ne11d	☐1 Trouble falling asleep ☐2 Trouble remaining asleep ☐3 Additional disturbances (e.g. twitches, itching, palpitations)	
x0ne12	Do you suffer from circulatory disorder at the level of the vessels of the head and the neck vessels?	x0ne12	☐1 Yes ☐2 No ☐3 I don't know	**x0st20**
	Was it diagnosed by a doctor?	x0ne12a	☐1 Yes ☐2 No ☐3 I don't know	**x0st20**
	When? (Year)	x0ne12b, x0ne12c	|__|__|__|__| Year |__|__| or age at that time	
	Were you or are you still treated by a doctor for this?	x0ne12d	☐1 Yes, in the past ☐3 No ☐2 Yes, currently ☐4 I don't know	
x0st20	Have you ever been told that you had a transient ischemic attack (TIA) or a stroke?	x0st20	☐1 Yes ☐2 No ☐3 I don't know	**x0ne13**
	When? (Year)	x0st20a, x0st20b	|__|__|__|__| Year |__|__| or age at that time	
	Describe the situation as accurately as possible:	x0st20c	_____	
x0ne13	Did you have once (repeatedly) vertigo?	x0ne13	☐1 Yes ☐2 No ☐3 I don't know	**end**
	Was it diagnosed by a doctor?	x0ne13a	☐1 Yes ☐2 No ☐3 I don't know	**x0ne14a**
	When? (Year)	x0ne13b, x0ne13c	|__|__|__|__| Year |__|__| or age at that time	
	Were you or are you still treated by a doctor for this?	x0ne13d	☐1 Yes, in the past ☐3 No ☐2 Yes, currently ☐4 I don't know	

x0one14a	What was the vertigo like? **INT:** Multiple choice possible			Yes	No	
		x0one14a	Rotatory vertigo, “like on a carousel”	☐1	☐2	
		x0one14b	Staggering vertigo “like on a ship“	☐1	☐2	
		x0one14c	Dizziness	☐1	☐2	
		x0one14d	Orthostatic Vertigo (black out)	☐1	☐2	

[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

[2] Stiasny-Kolster K. et al. The REM sleep behavior disorder screening questionnaire--a new diagnostic instrument. Mov Disord. 2007 Dec;22(16):2386-93.

J:\5-5 New Research Initiatives\5-50 Vinschgau-Study\5-50-5 Study Phenotypes\NEURO\Sleep\RBDQ

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**
x0mg02	Have you had headache even within the last 6 months?	x0mg02	☐1 Yes ☐2 No ☐3 I don't know		
x0mg03	How often have you had headache?	x0mg03	☐1 Very rarely (less than once per month) ☐2 Rarely (1-3 times per month) ☐3 Sometimes (less than once per week) ☐4 Frequently (1-5 times per week) ☐5 Always (more than 5 times per week)		
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 ...			Yes No	
		x0mg05	which is limited to one side of the head?	☐1 ☐2	
		x0mg06	that occurs on both sides of the head?	☐1 ☐2	
		x0mg07	with pulsating or throbbing quality?	☐1 ☐2	
		x0mg08	with a dull, oppressive quality?	☐1 ☐2	
x0mg09	Please indicate whether the following headache characteristics apply to you or do not. Do you have a headache ...			Yes No	
		x0mg09	that occurs suddenly at a single point of the head and lasts only few seconds?	☐1 ☐2	
		x0mg10	that impairs considerably your usual daily activities?	☐1 ☐2	
		x0mg11	that is aggravated by physical activity, e.g. climbing the stairs?	☐1 ☐2	
		x0mg12	accompanied by nausea?	☐1 ☐2	

x0mg13	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	
x0mg18	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	

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**
x0ot04	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?	x0ot11	☐1 Yes	☐2 No ☐3 I don't know	**end**
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?	x0ot12	☐1 Yes	☐2 No	**end**
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?	x0ot13	☐1 Yes	☐2 No **end**
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?	x0ot14	☐1 Yes	☐2 No **end**
x0ot14a	Describe the disease as precisely as possible:	x0ot14a	_____	
	Since when? (Year)	x0ot14b, x0ot14c	|__|__|__|__| Year or |__|__| age at that time	

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	
x0wo02	Have you ever taken contraceptive pills?	x0wo02	☐1 Yes ☐2 No	**x0wo05**
x0wo03	Do you currently take contraceptive pills?	x0wo03	☐1 Yes, birth control pills ☐2 Yes, hormonal implant ☐3 Yes, vaginal ring with hormonal content ☐4 Yes, 3-month contraceptive injection ☐5 Yes, hormonal contraceptive coil ☐6 No	
x0wo04a	How many months or years have you taken contraceptive pills?	x0wo04a x0wo04b	|__|__| Number of months |__|__| or number of years	
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	|__|__|	
x0wo06	Do you still have regular menstrual bleedings?	x0wo06	☐2 No ☐1 Yes	**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	_____	

Exposure

	The next questions are about exposure to environmental risk factors.				
x0ex01	Is the habitation in which you lived for the longest period, in close proximity (less than 1km) from one of the following facilities? What is the approximate distance? (in meters)				
			No **Yes** **Distance (in meters)**		
	Highway	x0ex01, x0ex01a	☐2 ☐1⇨ |__|__|__|__|		
	Farm	x0ex02, x0ex02a	☐2 ☐1⇨ |__|__|__|__|		
	Plant nursery	x0ex03, x0ex03a	☐2 ☐1⇨ |__|__|__|__|		
	Service station	x0ex04, x0ex04a	☐2 ☐1⇨ |__|__|__|__|		
	High-voltage power line	x0ex05, x0ex05a	☐2 ☐1⇨ |__|__|__|__|		
	Dry cleaning	x0ex06, x0ex06a	☐2 ☐1⇨ |__|__|__|__|		
	Offset printer	x0ex07, x0ex07a	☐2 ☐1⇨ |__|__|__|__|		
	Lacquerer workshop	x0ex08, x0ex08a	☐2 ☐1⇨ |__|__|__|__|		
	Shoemaker workshop	x0ex09, x0ex09a	☐2 ☐1⇨ |__|__|__|__|		
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?		☐1 More than once a year ☐2 Approximately once a year ☐3 Less than once a year	
x0ex20	Are you exposed to heavy noise at your workplace?	x0ex20	☐1 Yes ☐2 No	
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	
x0ex27	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	
	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	x0am01	|__|__| . |__|	
	The measurement was carried out on the following index finger:	x0am02	☐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 |__|__|__|__|	