

## Follow-up Form E

1. What was the color of your hair at the age of 20?

- 1 fair
- 2 light brown
- 3 dark brown
- 4 black or almost black
- 5 red

2. What is the color of your eyes?

- 1 blue
- 2 brown
- 3 green
- 4 grey

3. How does your skin behave in prolonged direct sunlight?

- 1 It burns easily and will not get tanned.
- 2 It burns easily, but gets tanned.
- 3 It burns slightly and gets tanned slowly and evenly.
- 4 It will not burn and get tanned easily.
- 5 It will not burn easily, but gets tanned.

4. How many weeks during the past ten years have you been on trips to "south" (Spain, Greece, etc) and stayed out in the sun at least an hour daily?

\_\_\_\_\_ weeks

5. How much did you weight at the age of 25 years?

\_\_\_\_\_ kg

6. How many years have you smoked filter and non-filter cigarettes regularly? Take into count both prefabricated and self-made cigarettes.

filter cigarettes for \_\_\_\_\_ years

non-filter cigarettes for \_\_\_\_\_ years

7. Have you ever used any prescribed or over-the-counter analgetic drugs daily for at least a month?

	Aspirin <sup>®</sup> Disperin <sup>®</sup>	Other
Have you used?	0 no 1 yes	0 no 1 yes
How long altogether?	___ y ___ m	___ y ___ m

8. Has your father or mother had any of the following disease?

	Father			Mother		
	No	Yes	I don't know	No	Yes	I don't know
Lung ca	0	1	?	0	1	?
Bladder ca	0	1	?	0	1	?
Prostate ca	0	1	?			
.....						
Colon ca	0	1	?	0	1	?
Rectum ca	0	1	?	0	1	?
Breast ca	0	1	?	0	1	?
.....						
Stomach ca	0	1	?	0	1	?
Pancreas ca	0	1	?	0	1	?
Skin ca	0	1	?	0	1	?
.....						
Other ca	0	1	?	0	1	?
Chr. bronchitis	0	1	?	0	1	?
Emphysema	0	1	?	0	1	?
.....						
Asthma	0	1	?	0	1	?
Pancreatitis	0	1	?	0	1	?

9. How many sisters or brothers do you have or have had?

1 \_\_\_\_\_ sisters

2 \_\_\_\_\_ brothers

Has/have he/she/they had any of the following disease?

	No	Yes	I don't know	How many have had it?
Lung ca	0	1	?	_____
Bladder ca	0	1	?	_____
Prostate ca	0	1	?	_____
.....				
Colon ca	0	1	?	_____
Rectum ca	0	1	?	_____
Breast ca	0	1	?	_____
.....				
Stomach ca	0	1	?	_____
Pancreas ca	0	1	?	_____
Skin ca	0	1	?	_____
.....				
Other ca	0	1	?	_____
Chr. bronchitis	0	1	?	_____
Emphysema	0	1	?	_____
.....				
Asthma	0	1	?	_____
Pancreatitis	0	1	?	_____

10. Have you ever had?

	No	Yes
Benign tumor (polyp, adenoma) in		
- stomach	0	1
- colon	0	2
- rectum	0	4
.....		
Bladder calculi	0	1
Benign bladder papilloma	0	2
Prolonged bladder infection	0	4
.....		
Stricture in urethra	0	1
Penetrating wound of bladder	0	2
Hepatitis	0	4
.....		
Hay fever	0	1
Allergic exzema	0	2

11. Have you ever been a subject to?

	No	Yes
Catheterization of urinary bladder	0	1
Transurethral cystoscopy	0	2
Subtotal prostatectomy	0	4
.....		
Electrocauterizing of prostate	0	1
Tonsillectomy	0	2
Partial gastrectomy	0	4
.....		
Appendectomy	0	1
Gastroscopy	0	2
Colonoscopy	0	4
.....		
Rectoscopy	0	1
Pelvic x-ray	0	2

12. Have you ever worked in one or more of the following industries?  
 If yes, check the number of years.

	Not at all	<1	1-9	10-19	20+	At what age the first time?
Chemical dye manufacture	0	1	2	3	4	___ years
Rubber industry	0	1	2	3	4	___ years
Textile printing	0	1	2	3	4	___ years
.....						
Paper printing	0	1	2	3	4	___ years
Leather industry	0	1	2	3	4	___ years
Aluminium industry	0	1	2	3	4	___ years
.....						
Truck or bus driver	0	1	2	3	4	___ years
Other professional car driver	0	1	2	3	4	___ years
Garage work	0	1	2	3	4	___ years
.....						
Metal turner	0	1	2	3	4	___ years
Metal filer	0	1	2	3	4	___ years
Concrete work	0	1	2	3	4	___ years
.....						
Brick and ceramic industry	0	1	2	3	4	___ years
Paper industry	0	1	2	3	4	___ years
Textile industry	0	1	2	3	4	___ years
.....						
Building industry	0	1	2	3	4	___ years
Plumbing	0	1	2	3	4	___ years

13. How much have you had exercise in your work? Estimate the amount of exercise during the following 10 year periods.

Age	Exercise in work <sup>a)</sup>				
15-24	0	1	2	3	4
25-34	0	1	2	3	4
35-44	0	1	2	3	4
45-54	0	1	2	3	4
55-64	0	1	2	3	4
over 64	0	1	2	3	4

<sup>a)</sup> Possibilities to answer:

0 = I have not been working

1 = Mainly office work

2 = Quite a lot of walking, but no lifting or carrying

3 = Lot of walking and lifting of heavy loads

4 = Heavy physical work

14. How much have you had exercise during your leisure time? Estimate the amount of exercise during the following 10 year periods.

	Little (not at all or at most 15 min/day)	Moderately (16 min - 1 h/day)	Much (over 1 h/day)
15-24 years	1	2	3
25-34 years	1	2	3
35-44 years	1	2	3
45-54 years	1	2	3
55-64 years	1	2	3
over 64 years	1	2	3

15. Have you repeatedly used a smoke sauna? If yes, how many times per year on an average during the following 10-year periods.

Age	How many times per year?
15-24 years	_____ times
25-34 years	_____ times
35-44 years	_____ times
45-54 years	_____ times
55-64 years	_____ times
over 64 years	_____ times

16. Has the radon level of the residence you have been living ever been measured?

0 no

1 yes, and the level was normal

2 yes, and the level was higher than normal. How many years did you live in this place?

\_\_\_\_ years \_\_\_\_ months