

ATBC STUDY
INITIAL FORM 1

Name: _____

Address: _____

Social Security Number: _____

Phone number, Home: _____ Workplace: _____

1. In what kind of place have you lived the longest period during the last 20 years?

- 1 in a sparsely populated countryside
- 2 in a countryside center of population, in a village
- 3 in a town with less than 50,000 inhabitants
- 4 in a town with over 50,000 inhabitants

2. What is your marital status?

- 1 married or living as married
- 2 never married
- 3 separated or divorced
- 4 widowed

3. What is your basic education?

- 1 less than primary school
- 2 primary school
- 3 part of junior high school
- 4 junior high school
- 5 part of senior high school
- 6 graduate from high school

4. How long is your vocational training (after the basic education inquired in the preceding question)?

- 1 no vocational training
- 2 only training courses or learning implemented in the working place
- 3 schooling two years or less
- 4 schooling over two years
- 5 university degree

5. In what occupation have you been working the longest period during the last 20 years (as accurately as possible, e.g. car dealer, teacher in metalwork; state your former occupation when needed, e.g. former painter)? Describe also what you are or were doing in your work (e.g. I sell fuel in a service station and overhaul the cars; I greased papermachines in a factory).

Occupation: _____

description of the work: _____

If you are a farmer what is the areas of cultivated land you have? _____ hectares.

6. Do you in your present work take care of cattle?

- 1 no
2 yes

7. Have you ever been working in any of the following occupations?

	No	Yes	How many years?
mining	0	1	_____
colliery	0	1	_____
quarrying	0	1	_____
stonemasonry	0	1	_____
stonecutting	0	1	_____
foundry work	0	1	_____
asbestos quarrying	0	1	_____
asbestos fabric manufacture	0	1	_____
asbestos concrete manufacture	0	1	_____
asbestos insulating	0	1	_____
lead refining	0	1	_____
nickel refining	0	1	_____
copper smelting	0	1	_____
steel production and refining	0	1	_____
oil refining	0	1	_____
gas manufacture	0	1	_____
manufacture of chromium-pigments	0	1	_____
arsenic production	0	1	_____

If you answered "yes" to any of the categories above, please specify here what was the work you did and when (e.g. cutting and grinding as a stonemason, 1949-52).

MEDICAL EXAMINATIONS AND DISEASES

8. When did you last consult a physician because of symptoms or illness?

- 1 during the last month
- 2 one month - half a year ago
- 3 half a year - one year ago
- 4 1-5 years ago
- 5 more than 5 years ago
- 6 never

9. When has your blood pressure been last measured?

- 1 during the last month
- 2 one month - half a year ago
- 3 half a year - one year ago
- 4 1-5 years ago
- 5 more than 5 years ago
- 6 never

10. Have you ever had cancer diagnosed?

- 1 no
- 2 yes; in what organ? _____

11. Have you ever had any of the following diseases confirmed by a physician?

	No	Yes
myocardial infection	0	1
coronary heart disease, angina pectoris	0	2
heart failure	0	4
heart arrhythmia	0	1
enlarged heart	0	2
valvular heart disease	0	4
hypertension, elevated blood pressure,	0	1
arterial obstruction in lower extremities,		
intermittent claudication	0	2
stroke, cerebral hemorrhage, cerebral infarction	0	4
thrombosis in a deep vein of lower extremity	0	1
superficial venous thrombosis or thrombophlebitis	0	2
lung infarction, lung embolus	0	4

lung asthma	0	1
lung emphysema	0	2
chronic bronchitis	0	4
farmer's lung	0	1
rheumatoid arthritis	0	2
non-articular rheumatism	0	4
inflammation of tendons or tendon sheaths	0	1
degenerative joint disease	0	2
peptic or duodenal ulcer	0	4
gallstones	0	1
pancreatitis	0	2
cirrhosis of the liver	0	4
renal failure	0	1
prostatomegaly	0	2
chronic/recurrent prostatitis	0	4
psoriasis	0	1
photosensitivity skin lesion	0	2
allergic skin lesion, allergic eczema	0	4
other chronic cutaneous disease, what?	0	1

cataract	0	2
glaucoma	0	4
diabetes mellitus	0	1
other chronic disease, disorder or injury	0	2
what? _____		

12. Have you undergone a gallstone operation?

0 no

1 yes; _____ years ago

13. Have you had any of the following symptoms or troubles during the past 4 months?

fatigue	0	1
poor appetite	0	2

insomnia	0	4
nausea	0	1
poor memory	0	2
difficulties to concentrate	0	4
headache	0	1
dizziness	0	2
visual weakening	0	4
anxiety, nervousness	0	1
depression	0	2
intestinal cramps	0	4
heartburn, pyrosis	0	1
flatulence	0	2
constipation	0	4
diarrhea	0	1
impotence	0	2
cutaneous scaling	0	4
cutaneous itching	0	1
yellowing of the skin	0	2
falling of hair	0	4
edema in legs	0	1
leg cramps	0	2
nocturnal restless legs	0	4
joint ache	0	1
muscle ache	0	2
walking pain in the hips	0	4
walking pain in the knees	0	1
nosebleed	0	2
bruises	0	4

14. Have you been in bed at least one day because of backache during the past four months?

- 1 No
- 2 Yes

15. Have you acquired or changed eyeglasses during the past 12 months?

- 1 I have no eyeglasses
- 2 I have acquired my first eyeglasses
- 3 I have changed my eyeglasses because of visual changes
- 4 I have had the same eyeglasses all year

16. Have you discussed subjects concerning health or illness with someone during the past 4 months?

	No	Yes
physicians, nurse	0	1
family member	0	2
workmate or someone else	0	4

TEETH

17. How many permanent teeth have you missing?

- 1 none
- 2 1-5 teeth
- 3 6-10 teeth
- 4 over 10 teeth but not all
- 5 all teeth

18. Do you wear dentures?

- 1 no
- 2 yes

19. Are you able to chew hard food such as dry bread or apple?

- 1 no
- 2 yes, but chewing is difficult
- 3 yes, without difficulty

PHYSICAL ACTIVITY

20. How much do you get exercise in your work and how burdensome is your work physically? Compare your usual main work with the delineations and the example works given below. The question applies to the past 12 months.

- 1 I have not been working
- 2 My work is mainly sitting work and I do not walk much during my work.
Examples: Watchmaker, radio mechanic, office work at the desk.

- 3 In my work I walk quite a lot but I do not have to lift or carry heavy things.
Examples: foreman, shop assistant, light industrial work, office work where one has to move.
- 4 I have to walk and lift a lot or often climb stairways or go uphill.
Examples: carpenter, cattle tender, work in engine shop etc. heavy industrial work
- 5 My work is heavy physical work, where I have to lift or carry heavy things, to dig, shovel, or cut etc. Examples: forestry work, heavy farmwork, heavy building and industrial work.

21. How much do you get exercise during leisure time? If this varies with the seasons, mark the alternative that best represents the average quantity. The question applies to the past 12 months.

- 1 In my leisure time I read, watch television, listen to the radio, go to the movies or do things which do not need much physical exertion.
- 2 In my leisure time I walk, fish, hunt, do gardening etc. fairly regularly.
- 3 In my leisure time I do keep-fit exercise as running, jogging, skiing, gymnastic, swimming, ball games, etc. fairly regularly.

22. How often do you exercise during your leisure time at least half an hour at a time so that you perspire and get out of breath? If this varies much over time, mark the alternative that best represents the average amount. The question applies to the past 12 months.

- 1 at least 3 times a week
- 2 1-2 times a week
- 3 less than once a week

SMOKING

23. When have you last smoked? If you have temporarily stopped because of e.g. a flu, check nevertheless alternative 1.

- 1 yesterday or today
- 2 two-days - half a year ago
- 3 more than half a year ago

24. How much do you presently smoke daily on an average?

- _____ manufactured cigarettes a day
- _____ self-made cigarettes a day
- _____ pipes a day
- _____ cigars a day

If you smoke manufactured cigarettes, mark from the list below the brand you mainly smoke.

(a list of the brands)

How many years have you smoked your current cigarette brand?

_____ years

25. At what age did you start smoking regularly?

at the age of _____ years

26. How many years have you smoked regularly?

_____ years

27. Do you inhale tobacco smoke?

- 1 always
- 2 often
- 3 seldom
- 4 never

USE OF DRUGS AND VITAMIN AND TRACE ELEMENT PREPARATIONS

28. Have you used any vitamin or trace element preparation during the past 2 week? Write down also the name of the preparation and how many tablets or capsules you take daily.

- 1 no
- 2 yes; name of the preparation daily dose

_____	_____
_____	_____
_____	_____
_____	_____

29. Do you currently use any drug prescribed by a physician? Write down the names of these drugs either from the drug packages or from the prescriptions. Write down also

how much you take each drug daily and how many years you have been taking the drug.

(Note! Take along the prescriptions of the drugs you use currently to the initial examination.)

Name of the drug	daily dose	regular use (years)
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

THANK YOU FOR THE TROUBLE YOU'VE TAKEN

PLEASE, CHECK ONCE MORE THAT YOU HAVE ANSWERED EVERY QUESTION. TAKE THIS QUESTIONNAIRE WITH YOU TO YOUR INITIAL VISIT.