Questionnaire

Cancer Society of Finland

Lifestyle, quality of life and health

Please answer all questions in this questionnaire by ticking your answer or by writing your answer in the space provided.

When a question requires a number or year, please write the numbers in the boxes provided.

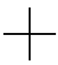
If you tick an incorrect answer, please tick the correct one and draw a circle around it. You can also continue writing your answers on the last page, where other comments can also be added.

Please use a pen. **Do not use red ink.**

After answering the questions, please check that you have signed the separate agreement form.

Return the questionnaire and the signed agreement form in the enclosed envelope. The postage has been paid so there is no need for a stamp.

Thank you for your answers.



First we would like to ask some questions concerning your background:

T1. Today's date ⎣__⎣__⎦ . ⎣__⎣__⎦ . 2 0 ⎣__⎣__⎦

T2. How many biological siblings do you have (of the same mother or father, including half-siblings)?

⎣__⎣__⎦ sister(s) ⎣__⎣__⎦ brother(s)

T3. What was your weight and height at birth?

About ⎣__⎣__⎣__⎣__⎦ grams About ⎣__⎣__⎦ cm

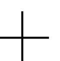
☐ I don't know / remember ☐ I don't know / remember

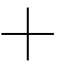
T4. If you compare your height and weight at the ages of 7 and 15 with those of girls of the same age, would you say you were:

at the age of 7 : Weight	Height		**at the age of 15 :** Weight	Height
☐	☐	clearly above the average	☐	☐
☐	☐	slightly above the average	☐	☐
☐	☐	average	☐	☐
☐	☐	slightly below the average	☐	☐
☐	☐	clearly below the average	☐	☐
☐	☐	I don't know / can't say	☐	☐

T5. How much did you weigh when you were about 20, 30 and 40?
Please choose the option that is closest at each age.

	30 – 39 kg	40 – 49 kg	50 – 59 kg	60 – 69 kg	70 – 79 kg	80 – 89 kg	More than 89 kg
At the age of 20	☐	☐	☐	☐	☐	☐	☐
At the age of 30	☐	☐	☐	☐	☐	☐	☐
At the age of 40	☐	☐	☐	☐	☐	☐	☐





T6. At each age, how often did you exercise, e.g. cycle, ski, jog, swim, play ball games or do aerobics?
Please choose the most suitable option.

	I could not exercise because of disability or illness	A few times a year or less	1-3 times in a month	Once a week	2-3 times a week	4-5 times a week	more than 5 times a week
Under the age of 10	☐	☐	☐	☐	☐	☐	☐
10–19 yrs	☐	☐	☐	☐	☐	☐	☐
20–29 yrs	☐	☐	☐	☐	☐	☐	☐
30–39 yrs	☐	☐	☐	☐	☐	☐	☐
40–49 yrs	☐	☐	☐	☐	☐	☐	☐

T7. When did you have your first period?

When I was |__|__|

☐ I can't remember

T8. Have you ever received hormone treatment for infertility?

☐ no

☐ yes, a total of |__|__| times in |__|__|__|__| – |__|__|__|__|

T9. Have you ever been pregnant?

☐ no (please go to question L1)

☐ yes, a total of |__|__| times, of which |__|__| lasted 6 months or longer

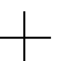
T10. How many times have you given birth?

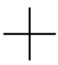
|__|__| times

T11. For how many months did you breastfeed your baby/babies (all babies in total)

without offering the baby/babies any food other than breast milk? Approx. |__|__|__| mths

offering the baby/babies other food with breast milk? Approx. |__|__|__| mths





The following questions concern the past 12 months unless otherwise specified:

L1. Today's date ⎣__⎦ . ⎣__⎦ . 2 0 ⎣__⎦

L2. What is your marital status?

- ☐ single
- ☐ married, registered partnership
- ☐ cohabiting
- ☐ divorced or separated
- ☐ widowed

L3. What is your level of education?
Please choose **the highest** level of education/qualification you have obtained.

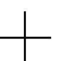
- ☐ primary school
- ☐ civic school, secondary school or comprehensive school
- ☐ vocational school
- ☐ upper secondary school or matriculation examination
- ☐ college-level education
- ☐ bachelor's degree (polytechnic)
- ☐ university degree

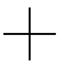
L4. In total, how many years have you gone to school or studied full-time?
Primary and secondary school are included.

⎣__⎦ years

L5. At the moment, are you:
You may choose more than one option

- ☐ in full-time employment
- ☐ doing shift work
- ☐ student
- ☐ laid off
- ☐ unemployed
- ☐ on a part-time pension
- ☐ retired
- ☐ not employed, for other reason





L6. What is or was your main occupation?

____

L7. What is your position now or what was your position in the last organisation you worked for?

- ☐ employer, self-employed
- ☐ farmer
- ☐ manager, management level
- ☐ upper level employee with administrative, managerial, professional and related occupations
- ☐ lower level employee with administrative and clerical occupations
- ☐ manual worker with vocational education
- ☐ manual worker without vocational education
- ☐ other (please state) ______________________
- ☐ I have never worked

Physical exercise

L8. Have you ever been involved in competitive sport?

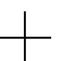
☐ no (please go to question L10) ☐ yes, at |__|__| – |__|__| years old

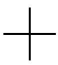
L9. Which sports did you compete in?

____

L10. How physically strenuous is your work?

- ☐ My work is mainly sedentary.
- ☐ I walk quite a lot in my work but I do not need to lift or carry heavy objects.
- ☐ In my work I need to walk a great deal and often need to walk upstairs or uphill.
- ☐ I do heavy physical work.
- ☐ I do not work.





L11. How much do you exercise in a typical week?

Think about the last 12 months. Include any regular physical activity that you do every week and that lasts for at least 10 minutes at a time.

In sections 2 to 6, please indicate in the boxes how much physical activity you do (days per week, total hours and minutes in a week).

If you are not engaged to physical activity regularly every week, please choose option 1 and leave the other sections empty.

1. ☐ no regular physical activity every week

2. light aerobic activity
(=no sweating or no rapid breathing/no loss of breath/breathlessness)

|__|__| days a week |__|__| hours and |__|__| minutes in total per week

3. moderate aerobic activity
(=some sweating and/or breathlessness e.g. brisk walking)

|__|__| days a week |__|__| hours and |__|__| minutes in total per week

4. vigorous aerobic activity
(=heavy sweating and/or breathlessness, e.g. jogging or running)

|__|__| days a week |__|__| hours and |__|__| minutes in total per week

5. muscle strengthening (=e.g. circuit training, weight training or gymnastics (pilates, etc.) where exercises affecting various muscle groups are repeated at least 8 to 12 times)

|__|__| days a week |__|__| hours and |__|__| minutes in total per week

6. balance training
(=e.g. tai chi, dance, ball games, balancing on one foot, on an uneven surface or on all fours)

|__|__| days a week |__|__| hours and |__|__| minutes in total per week

Smoking

L12. Have you ever smoked?

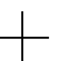
☐ no (please go to question L17) ☐ yes

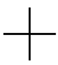
L13. Have you ever smoked regularly (almost every day for at least one year)?

☐ no ☐ yes, for |__|__| years in total; I started at the age of |__|__|

L14. Have you smoked in the past 12 months?

☐ no (please go to question L17) ☐ yes, occasionally ☐ yes, regularly





L15. When was the last time you smoked a cigarette?

- ☐ today or yesterday
- ☐ 2 days – 1 month ago
- ☐ 1 month – 6 months ago
- ☐ 6 months – 1 year ago

L16. How many cigarettes or cigars do you smoke in a day?

Approx. |__|__| cigarettes or cigars

L17. Does anyone smoke regularly in your home?

☐ yes ☐ no

Alcohol use

L18. Have you ever drunk alcohol?

☐ no (please go to question L23) ☐ yes

L19. How old were you when you started drinking alcohol?

Approx. |__|__| years

L20. Have you drunk alcohol in the past 12 months?

☐ no, but I used to drink alcohol daily

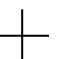
for about |__|__| years and I stopped drinking completely

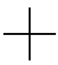
about |__|__| years ago (please go to question L23)

☐ no, but I used to drink occasionally and I stopped drinking completely

about |__|__| years ago (please go to question L23)

☐ yes





L21. How often do you drink alcohol?

- ☐ every day
- ☐ 5 – 6 times a week
- ☐ 2 – 4 times a week
- ☐ once a week
- ☐ 1 – 3 times a month
- ☐ less frequently

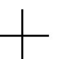
L22. How often do you drink 6 or more units of alcohol in a day?
6 units= 6 small bottles of beer, cider or long drink, 1 bottle of wine or half a bottle (half a litre) of spirits

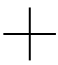
- ☐ every day
- ☐ 5 – 6 times a week
- ☐ 2 – 4 times a week
- ☐ once a week
- ☐ 1 – 3 times a month
- ☐ less frequently
- ☐ never

Diet

L23. Have you followed a special diet in the past 12 months?
You may choose more than one option

- ☐ no
- ☐ yes, a low-lactose or lactose-free diet
- ☐ yes, a gluten-free diet (I avoid Finnish grains)
- ☐ yes, a diabetic diet
- ☐ yes, a vegetarian diet
- ☐ yes, a low-fat diet
- ☐ yes, a low-carbohydrate diet
- ☐ yes, I have a food allergy (please state food allergy) ____________________
- ☐ yes, another diet (please state) ____________________





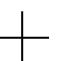
L24. Have you taken vitamin D supplements in the past 12 months?
For example, tablets or drops, or calcium, multivitamin or fish oil products containing vitamin D.

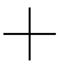
- ☐ no
- ☐ yes, occasionally
- ☐ yes, regularly

L25. How many units of the following drinks have you consumed during the past week?
Please write down the estimated number of units in either the day or week column or both columns.
If you did not drink some of the drinks at all, write **0 in both columns**.

For example, if you had two cups of coffee on five days in that week,
you can write **2** in the day column and **10** in the week column

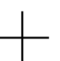
	Unit	Units per day	Units per week
coffee (example)	1 cup	2	1 0
coffee	1 cup		
tea	1 cup		
low-fat (1%) or fat-free milk	1 glass		
whole milk or skimmed milk	1 glass		
buttermilk	1 glass		
juice (without added sugar)	1 glass		
unsweetened soft drinks or cordials	1 glass		
sugar-sweetened soft drinks or cordials	1 glass		
energy drinks	1 small can		
mineral water	1 glass		
water	1 glass		
low-alcohol beer	1 small bottle		
lager, strong beer	1 small bottle		
cider, long drink	1 small bottle		
wine, sparkling wine	1 glass		
liquor, spirits	1 shot glass		
other drink, which? ______	1 glass		

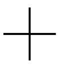




L26. How often have you used the following foodstuffs in the past 12 months?
Tick **the most suitable option** on each line.

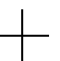
	Never or rarely	1-3 times per month	1-4 times per week	Daily or almost daily	Several times a day
Cereals					
porridge, gruel	☐	☐	☐	☐	☐
white bread	☐	☐	☐	☐	☐
multigrain bread, graham bread	☐	☐	☐	☐	☐
rye bread, crisp bread	☐	☐	☐	☐	☐
sweet pastries (coffee bread, Danish pastries, cake)	☐	☐	☐	☐	☐
savoury pastries (pie)	☐	☐	☐	☐	☐
pasta, rice	☐	☐	☐	☐	☐
Dairy products					
fat-free yogurt, curdled milk (less than 2% fat)	☐	☐	☐	☐	☐
other yogurts, curdled milk	☐	☐	☐	☐	☐
low-fat cheese (less than 18% fat)	☐	☐	☐	☐	☐
other cheese	☐	☐	☐	☐	☐
ice cream, pudding, curd with fruit or berries	☐	☐	☐	☐	☐
Potatoes, vegetables, fruit, berries					
potato, boiled or mashed	☐	☐	☐	☐	☐
potato, pan or deep-fat fried	☐	☐	☐	☐	☐
cooked vegetables, root vegetables	☐	☐	☐	☐	☐
fresh vegetables, root vegetables	☐	☐	☐	☐	☐
fruit, berries	☐	☐	☐	☐	☐

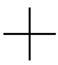




L26. How often have you used the following foodstuffs in the past 12 months?
Tick **the most suitable option** on each line.

	Never or rarely	1-3 times per month	1-4 times per week	Daily or almost daily	Several times a day
Fish, meat, sausages, eggs					
fish, fish dishes	☐	☐	☐	☐	☐
chicken, other poultry	☐	☐	☐	☐	☐
pork, beef, other meat	☐	☐	☐	☐	☐
sausages	☐	☐	☐	☐	☐
ham, salami, other cold cuts	☐	☐	☐	☐	☐
eggs	☐	☐	☐	☐	☐
Fat					
butter, butter vegetable oil spread (e.g. Oivariini)	☐	☐	☐	☐	☐
vegetable oil (olive oil, rapeseed oil)	☐	☐	☐	☐	☐
margarine	☐	☐	☐	☐	☐
Benecol or Becel pro.activ products	☐	☐	☐	☐	☐
Other					
chocolate	☐	☐	☐	☐	☐
other sweets	☐	☐	☐	☐	☐
savoury snacks (crisps, popcorn)	☐	☐	☐	☐	☐
pizza, hamburgers	☐	☐	☐	☐	☐
ready-made meals	☐	☐	☐	☐	☐





Health and quality of life

L27. In your own opinion, your health is:

- ☐ very good
- ☐ good
- ☐ average
- ☐ poor
- ☐ very poor

L28. Has your doctor diagnosed you with any of the following diseases?
Please tick all diseases you have been diagnosed with and write down the approximate year of diagnosis.

	Year of diagnosis
☐ hypertension, high blood pressure	____
☐ diabetes	____
☐ osteoporosis	____
☐ depression	____
☐ other (please state) __________	____

L29. How tall are you? ___ cm **How much do you weigh?** ___ kg

L30. What is your waistline measurement? ___ cm
Please take measurement under your ribs, at the navel level.

L31. If you compare your health with that of other women of your age, would you say your health is:

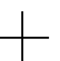
☐ better ☐ similar ☐ worse

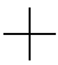
L32. How do you find your life as whole, i.e. the quality of your life?
Please tick the number that best describes your quality of life in the past month.

The worst possible [1] [2] [3] [4] [5] [6] [7] [8] [9] [10] The best possible

L33. How happy are you with your family life?

☐ very happy ☐ happy ☐ quite happy
☐ unhappy ☐ very unhappy ☐ I do not have a family





L34. Below there are five statements that you may agree or disagree with. Using the 1 – 7 scale below, indicate your agreement with each item.

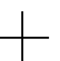
	Strongly disagree	Disagree	Slightly disagree	Neither agree nor disagree	Slightly agree	Agree	Strongly agree
In most ways my life is close to my ideal.	☐	☐	☐	☐	☐	☐	☐
The conditions of my life are excellent.	☐	☐	☐	☐	☐	☐	☐
I am satisfied with my life.	☐	☐	☐	☐	☐	☐	☐
So far I have gotten the important things I want in life.	☐	☐	☐	☐	☐	☐	☐
If I could live my life over, I would change almost nothing.	☐	☐	☐	☐	☐	☐	☐

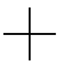
L35. In the past 12 months, how often have you:

	Never	A few times	Every month	Every week	Daily or almost daily
taken part in activities at a club or organisation or been involved in communal or social organisations in a position of responsibility?	☐	☐	☐	☐	☐
been to art exhibitions, the cinema, concerts, sporting events or other similar events?	☐	☐	☐	☐	☐
been to church or other religious gatherings?	☐	☐	☐	☐	☐
read, done arts and crafts, handicrafts, painting, photography, gardening or other similar activities?	☐	☐	☐	☐	☐
listened to music, played an instrument or sang (e.g. in a choir)?	☐	☐	☐	☐	☐
met with friends or family?	☐	☐	☐	☐	☐

L36. Do you agree with the statement ”You can trust most people”?

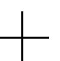
- ☐ yes, completely
- ☐ yes, I quite agree
- ☐ not really
- ☐ not at all
- ☐ I don’t know

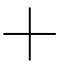




L37. Please indicate how you are feeling now, or how you have been feeling the last few days, by putting a tick in the correct box in the answer to each of the following items.

	Yes, definitely	Yes, some-times	No, not much	No, not at all
1. I wake early and then sleep badly for the rest of the night	☐	☐	☐	☐
2. I get very frightened or have panic feelings for apparently no reason at all	☐	☐	☐	☐
3. I feel miserable and sad	☐	☐	☐	☐
4. I feel anxious when I go out of the house on my own	☐	☐	☐	☐
5. I have lost interest in things	☐	☐	☐	☐
6. I get palpitations or a sensation of `butterflies' in my stomach or chest	☐	☐	☐	☐
7. I still enjoy the things I used to	☐	☐	☐	☐
8. I feel life is not worth living	☐	☐	☐	☐
9. I feel tense or `wound up'	☐	☐	☐	☐
10. I have a good appetite	☐	☐	☐	☐
11. I have headaches	☐	☐	☐	☐
12. I feel more tired than usual	☐	☐	☐	☐
13. I have dizzy spells	☐	☐	☐	☐
14. I suffer from backache or pain in my limbs	☐	☐	☐	☐
15. I have hot flushes	☐	☐	☐	☐
16. I am more clumsy than usual	☐	☐	☐	☐
17. I feel sick or nauseous	☐	☐	☐	☐
18. I have lost interest in sexual activity	☐	☐	☐	☐
19. I have feelings of well-being	☐	☐	☐	☐
20. I suffer from night sweats	☐	☐	☐	☐
21. I have difficulty in getting off to sleep	☐	☐	☐	☐
22. I am satisfied with my current sexual relationship (please omit if not sexually active)	☐	☐	☐	☐
23. I feel physically attractive	☐	☐	☐	☐
24. I have difficulty in concentrating	☐	☐	☐	☐
25. As a result of vaginal dryness sexual intercourse has become uncomfortable (please omit if not sexually active)	☐	☐	☐	☐
26. My memory is poor	☐	☐	☐	☐





Hormonal factors

L38. Have you had a hysterectomy (removal of uterus) and/or oophorectomy (removal of ovaries)?
You may choose more than one option.

- ☐ no
- ☐ yes, I had a hysterectomy when I was about |__|__| years old
- ☐ yes, I had an ovary removed when I was about |__|__| years old
- ☐ yes, I had both ovaries removed when I was about |__|__| years old

L39. Have your periods stopped?

- ☐ yes, when I was about |__|__| years old
- ☐ no, but they are more irregular than before
- ☐ no, and the cycle is the same as before
- ☐ I do not know due to present hormone replacement therapy and/or hormonal IUD

L40. Do you take birth control pills?

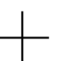
- ☐ yes, I do and have been taking them for about |__|__| years
- ☐ no, but I took them for about |__|__| years
- ☐ I have never taken them

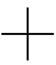
L41. Do you have an IUD?

- ☐ yes, I do and have had it for about |__|__| years
- ☐ no, but I had it for about |__|__| years
- ☐ I have never had it

L42. Do you have a hormonal IUD?

- ☐ yes, I do and have had it for about |__|__| years
- ☐ no, but I had it for about |__|__| years
- ☐ I have never had it





L43. Have you used or do you now use hormone replacement products?
= oestrogen or oestrogen/progestin products
(taken orally or as a gel, patches or vaginal tablets)

☐ I have never used them (please go to question L46)

☐ I used to use them

between |__|__|__|__| – |__|__|__|__| . The name of the product: ______________

between |__|__|__|__| – |__|__|__|__| . The name of the product: ______________

☐ I use them now

I started using them in |__|__|__|__| . The name of the product: ______________

I started using them in |__|__|__|__| . The name of the product: ______________

L44. Why did you start taking a hormone replacement product?
You may choose more than one option.

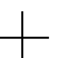
☐ sweating, hot flushes
☐ sleep disturbances
☐ vaginal dryness, itching and/or burning
☐ pain during intercourse
☐ overactive bladder, urinary incontinence, cystitis
☐ my doctor suggested it
☐ some of my friends started taking them so I followed their example
☐ other reason, what? ______________

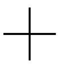
L45. If you used hormone replacement products before but no longer do so, why did you stop using them? You may choose more than one option.

☐ increased blood pressure, high blood pressure
☐ changes in uterine mucous
☐ severe headache or migraine
☐ suspected breast cancer or I/a relative was diagnosed with breast cancer
☐ my doctor suggested that I stop taking them
☐ some of my friends stopped taking them so I followed their example
☐ other reason, what? ______________

L46. If you have never taken hormone replacement products, what was the reason for your decision?
You may choose more than one option.

☐ I have not wanted or needed to take hormone replacement products
☐ suspected breast cancer or I/a relative was diagnosed with breast cancer
☐ my doctor has forbidden me to take hormone replacement products
☐ other reason (please state) ______________





L47. How worried are you about breast cancer?

- ☐ not at all
- ☐ slightly
- ☐ a little
- ☐ very
- ☐ highly

L48. In your opinion, the chances of recovering from breast cancer are:

- ☐ very high
- ☐ high
- ☐ reasonable
- ☐ low
- ☐ very low

L49. What kind of breast cancer treatment would you prefer?
You may choose more than one option.

- ☐ breast-conserving surgery (removal of cancerous tumour and surrounding tissue, not the entire breast)
- ☐ extensive surgery (e.g. removal of one or both breasts)
- ☐ chemotherapy (cytostatic therapy)
- ☐ radiotherapy
- ☐ the least invasive combination of treatments to remove the cancerous tumour
- ☐ any combination of treatments that is certain to remove the cancerous tumour
- ☐ other treatment, what? ______________________________
- ☐ I don’t know

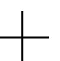
L50. Has anyone in your family been diagnosed with breast cancer?

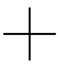
- ☐ no
- ☐ yes, my mother, at the age of |__|__|
- ☐ yes, my sister(s), at the age of |__|__| , |__|__| , |__|__|
- ☐ yes, other relatives, e.g. an aunt or daughter

Please write down the relationship and estimated age at the diagnosis in the boxes below:

______________________ at the age of |__|__|

______________________ at the age of |__|__|





L51. Have you ever had an examination on your own initiative because of a change (e.g. a lump) or symptoms (e.g. pain or discharge) in your breast?

- ☐ no
- ☐ yes, in ____ , ____ , ____

L52. In your opinion, what are the chances that you will have breast cancer?

- ☐ very high
- ☐ high
- ☐ reasonable
- ☐ low
- ☐ very low
- ☐ I was diagnosed with breast cancer in ____

Mammography

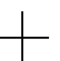
Screening mammography = free routine mammography, by written invitation
Private mammography = mammography that is often subject to charges, by doctor's referral

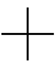
L53. Have you ever attended a mammography screening or a private mammography?
You may choose more than one option.

- ☐ yes, I have attended a mammography screening about ____ times,
  the last time in ____
- ☐ yes, I have attended a private mammography about ____ times,
  the last time in ____
- ☐ no
- ☐ I can't remember

L54. If you have attended a mammography screening or a private mammography, what was the reason for doing so?
You may choose more than one option.

- ☐ I received an invitation to have a mammogram
- ☐ my doctor suggested that I have a private mammogram
- ☐ I take hormone replacement products
- ☐ I am worried about breast cancer
- ☐ lump, pain, burning or other change or symptom in my breasts
- ☐ other reason, what? ____





L55. If you have never attended a routine mammography screening or a private mammography, what was the reason for not doing so?
You may choose more than one option.

- ☐ I have never received an invitation to have a mammogram
- ☐ I have not wanted or needed to have a private mammogram
- ☐ I do not want to go to a mammography screening (please state reason why) ____________
- ☐ other reason (please state) ____________

L56. Have you ever been sent to further tests after a mammogram?
You may choose more than one option.

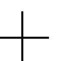
- ☐ no
- ☐ yes, to another mammogram (new images of breasts)
- ☐ yes, to an ultrasound scan
- ☐ yes, to have a fine-needle aspiration or core-needle biopsy specimen taken
- ☐ yes, other tests (please state which tests) ____________
- ☐ I can't remember

L57. Have you ever been referred for breast surgery after a mammogram?

- ☐ no
- ☐ yes, in |_|_|_|_|, |_|_|_|_|, |_|_|_|_|
- ☐ I can't remember

L58. Are you going to:

	Yes	No	I don't know
attend a mammography screening?	☐	☐	☐
attend a private mammography?	☐	☐	☐



You can use this page to write down further information about breast cancer or other issues as well as your comments on the questions in the questionnaire.