

## Birkebeiner Ageing Study

This form shall be read by a machine.

It is therefore important that you:

- Use a blue or black pen
- Make a cross like this , and not like this 
- Write numbers in the following manner:

0	1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---	---

### ABOUT YOU

1. Gender      Female      Male
2. Age    years
3. Height    cm
4. Weight    kg
5. Who do you live together with?

Live alone    Spouse/partner    Other people 18 years of age and older    People under 18 years of age

### HEALTH

6. How is your health currently?

Poor    Not very good    Good    Excellent

7. Do you suffer from or have you ever suffered from the following illnesses?  
(Insert a cross and age when first occurred)

	Yes	No	Age when first occurred	Confirmed by doctor	
				Yes	No
Heart attack					
Angina pectoris					
Overactive thyroid/hyperthyroidism					
Diabetes					
Operated heart valve					
Heart bypass operation					
High blood pressure					
High cholesterol					
Stroke					
Asthma					

8. If you have a heart disease, how does it impact on your ability to function?  
No restrictions. Normal physical activity causes no unusual fatigue, shortness of breath or chest pains.

Slight restriction on physical activity, however unaffected when resting. Normal physical activity causes fatigue, shortness of breath or chest pains.

Significant restrictions on physical activity. Even minor physical exertion causes fatigue, shortness of breath or chest pains.

Impossible to perform any type of physical activity. In periods, also shortness of breath or chest pains when resting.

9. Do you use or have you used (insert cross)

	Yes, now	Previously, but no longer	Never
Blood pressure-lowering medicines			
Cholesterol-reducing medicines			
Inhalation medication against asthma or chronic obstructive pulmonary disease (COPD)			

10. Have you had continual muscle or skeletal pains for at least 3 months? Yes No

11. Have you used anti-inflammatory medicines over an extended period at least once in your life (Voltaren, Diclofenac, Brexidol, Naproxen, Naprosyn, Vioxx, Celebra, Ibox, Ibuprofen or similar)? Yes No

- At least 2 consecutive weeks
- At least 4 consecutive weeks
- At least 8 consecutive weeks
- At least 3 consecutive months
- At least 6 consecutive months

#### **TOBACCO**

12. Do you smoke daily or have you previously smoked daily (cigarettes)?

Yes, now Yes, previously Never

13. If yes, how many cigarettes do/did you normally smoke per day? Number:

14. For how many years in total have you smoked/did you smoke daily? Number:

15. Do you use or have you used snus?

Yes, now Yes, previously Never

16. For how many years in total have you used/did you use snuff? Number:

#### **ALCOHOL**

17. Are you a complete teetotaler?

Yes, now Yes, have always been teetotal No

If you have always been teetotal, go directly to question 22.

18. Approximately how often have you consumed alcohol in the past year?

(Light beer and alcohol-free beer are not included)

Insert a cross in the appropriate box.

4-7 times per week	2-3 times per week	Approx. once per week	2-3 times per month	About once per month	A few times in the past year	Not in the past year	Never
--------------------	--------------------	-----------------------	---------------------	----------------------	------------------------------	----------------------	-------

19. How many glasses of the following drinks do you normally consume in a 2 week period?  
 Beer Number  
 Wine Number  
 Spirits Number
20. When you have consumed alcohol, how many glasses and/or drinks have you normally had?  
 Number
21. Approximately how many times during the past year have you drunk as much as at least 5 glasses/drinks during a 24 hour period? Number

### STRESS

22. Insert a cross for the alternative that best describes your situation (only one cross for **the “At home” and one cross for the “At work” column**). By stress we mean that one feels tense, nervous, anxious or has problems with sleeping due to circumstances at home or at work.

	At home	At work
Have never experienced stress		
Have sometimes experienced stress		
Have experienced stress during the past 5 years		
Have experienced several periods of stress during the past 5 years		
Have experienced persistent stress in the past year		
Have experienced persistent stress in the past 5 years		

### PHYSICAL ACTIVITY AND TRAINING

23. State the movement and physical exertion you engage in during your leisure time. If the level of activity varies significantly, e.g. between summer and winter, use an average. The question applies to the past 12 months.  
 (Insert a cross in the most appropriate box)

Reading, sitting still or other sedentary activities

Walking, cycling or other manner of movement 2-4 hours per week

Walking, cycling or other manner of movement at least 4 hours per week

Recreational exercise, heavier garden work or the like. (Note that the activity must be for at least 4 hours per week).

Hard training or competitive sport on a regular basis and several times per week.

24. Have you at any time in your life engaged in regular endurance training (training sessions for a minimum of 30 minutes at least 3 times per week with the goal of better endurance)?  
 Yes No

If yes, proceed to question 25

If no, go directly to question 34

25. How old were you when you started regular endurance training? Age:

26. How many years in total have you engaged in regular endurance training more than once a week with the goal of better endurance?

Less than 5 years	5-9 years	10-19 years	20-29 years	30-39 years	40-49 years	50-59 years	More than 60 years

27. Approximately how many times per week on average have you engaged in endurance training during these years?

(Insert only one cross per row) Hours per week

Age period	< 2 hours	2-3 hours	4-5 hours	6-7 hours	More than 7 hours
11-15					
16-20					
21-30					
31-40					
41-50					
51-60					
Over 60					

28. What type of endurance training have you mostly been engaged in?

Mostly sessions with low intensity (heart rate <75% of max heart rate or able to conduct a conversation)

Mostly sessions with high intensity (heart rate >75% of max heart rate, e.g. interval training)

About half of the sessions at low intensity and half at high intensity

29. On average, how many times per week have you trained at high intensity in the past year?

30. On average, how many times per week have you trained at low intensity in the past year?

31. Do you still engage in regular endurance training?

Yes No

32. How many times in the course of your life have you engaged in endurance training even though you had a noticeable cold, an infection or fever?

Never Less than 5 times 5-15 times More than 15 times

33. How many times in the course of your life have you competed in endurance sport even though you had a noticeable cold, an infection or fever?

Never Once 2-3 times 4-5 times More than 5 times

#### **PARTICIPATION IN THE BIRKEBEINER RACE**

34. Have you competed in the Birkebeiner ski race?

Yes No

If yes, proceed to question 35

If no, go directly to question 41

35. How many times have you competed in the Birkebeiner race? Number:  
36. How many times have you achieved the Birkebeiner Medal (Merket)? Number:  
37. How old were you the first time you competed?

**IF YOU HAVE STOPPED COMPETING IN THE BIRKEBEINER RACE:**

- 38: How old were you when you competed for the last time? Age:  
39: What was the most important reason for you no longer competing?

Atrial fibrillation

Heart attack

Other illness

No longer motivated

Had no desire due to being in poorer physical condition than previously

Other

40. Do you still compete in sporting competitions other than the Birkebeiner race? Yes No

**ATRIAL FIBRILLATION**

41. Have you noticed instances of sudden changes in pulse or heart rhythm in the past year?

Yes No

- 42: Do you believe yourself that you have or have had atrial fibrillation (heart fibrillation)?

Yes No Don't know

43. If yes, have you been diagnosed as suffering from atrial fibrillation by a doctor?

Yes No Don't know

44. If yes, where?

Regular doctor Hospital doctor

Name of the hospital.....

45. Do you suffer from persistent or paroxysmal atrial fibrillation?

(a) Have atrial fibrillations the entire time (persistent)

(b) Have/have had incidences that end by themselves or with tablet treatment.

(c) Have/have had incidences that are only alleviated by intravenous treatment or electric shock.

46. How often on average do you experience such incidences?

2 or more times per week About once per week 1-3 times per month Less than once per month

47. The incidences occur most often:

During training/physical exertion

After training/physical exertion

At night

In connection with stress

During or after consuming alcohol

After large meals

In connection with infections/fever

Without any clear connection with any of the above alternatives

48. When did you experience your first incidence of atrial fibrillations?

Month and year (e.g. 03.76)

49. When were you diagnosed as suffering from atrial fibrillations?

Month and year (e.g. 03.76)

50. Do you use the following medicines as a result of atrial fibrillations?

	Use	Have used
Beta blockers daily (e.g. Zelo-Zok, Metoprolol, Sotalol, Sotacor, Emconcor)		
Beta blockers in the event of an attack		
Calcium blocks daily (e.g. Isoptin, Verapamil, Veracard)		
Calcium blockers in the event of an attack		
Cordarone daily		
Cordarone in the event of an attack		
Tambocor/Flecainide daily		
Tambocor/Flecainide in the event of an attack		
Digitoxin/Digoxin/Lanoxin		
Albyl-E/Magnyl-E/Acetylsalicylic acid		
Multaq/Dronedaron		
Marevan		
Dabigatran/Pradaxa		

51. Does anyone in your immediate family suffer from atrial fibrillation? (Insert cross)

Mother   Father   Sibling   Child

52. How many times during your life (until you began to suffer from atrial fibrillation) have you used anti-inflammatory medicines more than once per day for at least a week at a time (Voltaren, Diclofenac, Brexidol, Naproxen, Naprosyn, Vioxx, Celebra, Ibox, Ibuprofen or similar)?

Never   Less than 5 times   5-15 times   More than 15 times   Don't know

### **EDUCATION AND INCOME**

53. What is the highest level of education you completed?

9 years or less of elementary school  
High school graduate/upper secondary school  
Less than 4 years' college/university education  
4 Years or more of college/university education

54. How many years of education have you completed?

Include all the years you went to school or studied.      Number:

54. What was your total gross income in the past year?

(Pensioners: What was your combined gross income BEFORE YOU RETIRED)?

NOK