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)

<table>
<thead>
<tr>
<th>Illness</th>
<th>Yes</th>
<th>No</th>
<th>Age when first occurred</th>
<th>Confirmed by doctor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heart attack</td>
<td></td>
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<tr>
<td>Angina pectoris</td>
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<tr>
<td>Overactive thyroid/hyperthyroidism</td>
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<tr>
<td>Diabetes</td>
<td></td>
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<tr>
<td>Operated heart valve</td>
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<tr>
<td>Heart bypass operation</td>
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<tr>
<td>High blood pressure</td>
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<td></td>
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<tr>
<td>High cholesterol</td>
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<td></td>
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<tr>
<td>Stroke</td>
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<tr>
<td>Asthma</td>
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</tbody>
</table>

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)

<table>
<thead>
<tr>
<th>Medication</th>
<th>Yes, now</th>
<th>Previously, but no longer</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood pressure-lowering medicines</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cholesterol-reducing medicines</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inhalation medication against asthma or chronic obstructive pulmonary disease (COPD)</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

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, Ibux, 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 teetotaller?
   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.

<table>
<thead>
<tr>
<th>4-7 times per week</th>
<th>2-3 times per week</th>
<th>Approx. once per week</th>
<th>2-3 times per month</th>
<th>About once per month</th>
<th>A few times in the past year</th>
<th>Not in the past year</th>
<th>Never</th>
</tr>
</thead>
</table>

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.

<table>
<thead>
<tr>
<th>Have never experienced stress</th>
<th>At home</th>
<th>At work</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have sometimes experienced stress</td>
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<tr>
<td>Have experienced stress during the past 5 years</td>
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<tr>
<td>Have experienced several periods of stress during the past 5 years</td>
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<tr>
<td>Have experienced persistent stress in the past year</td>
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<td></td>
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<tr>
<td>Have experienced persistent stress in the past 5 years</td>
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<td></td>
</tr>
</tbody>
</table>

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
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?

<table>
<thead>
<tr>
<th>Age period</th>
<th>5-9 years</th>
<th>10-19 years</th>
<th>20-29 years</th>
<th>30-39 years</th>
<th>40-49 years</th>
<th>50-59 years</th>
<th>More than 60 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>11-15</td>
<td></td>
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<td>16-20</td>
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<td>21-30</td>
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<td>31-40</td>
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<td>41-50</td>
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<tr>
<td>51-60</td>
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<tr>
<td>Over 60</td>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Age period</th>
<th>&lt; 2 hours</th>
<th>2-3 hours</th>
<th>4-5 hours</th>
<th>6-7 hours</th>
<th>More than 7 hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>11-15</td>
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<tr>
<td>16-20</td>
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<td>21-30</td>
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<td>31-40</td>
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<td>41-50</td>
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<td>51-60</td>
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<tr>
<td>Over 60</td>
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</tbody>
</table>

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?

<table>
<thead>
<tr>
<th>Medication</th>
<th>Use</th>
<th>Have used</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beta blockers daily (e.g. Zelo-Zok, Metoprolol, Sotalol, Sotalor, Emcor)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Beta blockers in the event of an attack</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Calcium blocks daily (e.g. Isoptin, Verapamil, Veracard)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Calcium blockers in the event of an attack</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cordarone daily</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cordarone in the event of an attack</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tambocor/Flecainide daily</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tambocor/Flecainide in the event of an attack</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Digitoxin/Digoxin/Lanoxin</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alby-E/Magnyl-E/Acetylsalicylic acid</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Multaq/Dronedarone</td>
<td></td>
<td></td>
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<tr>
<td>Marevan</td>
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<td></td>
</tr>
<tr>
<td>Dabigatran/Pradaxa</td>
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</tr>
</tbody>
</table>
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, Ibux, 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