



## Health conditions before the age of 50

This form contains questions about conditions that generally do not change, such as your education. You will receive this form only once. You can participate in BreastScreen Norway even though you do not submit the form.

The information you give will be stored indefinitely at the Cancer Registry of Norway, and considered confidential. You have the right to get access to your information, and you can demand to have the information deleted at any time. By submitting this form, you are consenting to use your information for specified purposes.

Questions can be directed to the Cancer Registry of Norway, phone: **22 45 13 00**

### How to fill in the form?

The form is read by machine

- Cross-off or write a number
- Use a black or blue pen
- Do not use decimals
- If you make a mistake:  
Black out the whole box

Some questions can be difficult to answer. Try to do the best you can. Remember to bring the completed form when you arrive the screening unit. **Thank you for your help!**

### 1 Place of birth

- Norway
- Europe outside Norway
- North America
- Latin America
- Asia
- Africa
- Oceania/Australia

### 2 Schooling/education

**What is your highest completed schooling/education?**

- No completed schooling
- Primary school (elementary, middle, continuation, lower secondary)
- High school (gymnasium, vocational, trade, housekeeping)
- University/college education, up to 4 years
- University/college education, more than 4 years

### 3 Height and weight as child and adolescent

*Check one box in each column*

#### Age 7:

(1st grade)

#### Weight Height

- |                          |                          |                        |
|--------------------------|--------------------------|------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Much below average     |
| <input type="checkbox"/> | <input type="checkbox"/> | Slightly below average |
| <input type="checkbox"/> | <input type="checkbox"/> | Average                |
| <input type="checkbox"/> | <input type="checkbox"/> | Slightly above average |
| <input type="checkbox"/> | <input type="checkbox"/> | Much above average     |

#### Age 15:

(confirmation)

#### Weight Height

- |                          |                          |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |

**What was your birth weight?**

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|

grams

#### 4 Menstruation

How old were you at first menstruation?

years old       Never had menstruation

#### 5 Sterilisation

Have you been sterilised?

No       Yes, when I was   years old

#### 6 Birth control pills and hormone spiral

Have you ever used birth control pills?

No  
 Yes, I began using birth control pills the first time when I was   years old

Are you currently using birth control pills?

No       Yes

In total, I have used birth control pills for   years        months

Have you used a hormone spiral (Levonova/Mirena)?

No  
 Yes, I began to use a hormone spiral for first time when I was   years old

Are you currently using a hormone spiral?

No       Yes

In total, I have used a hormone spiral for   years        months

#### 7 Pregnancy and breastfeeding

Have you completed pregnancies lasting longer than six months at any point in your life?

No  
 Yes, I have completed   pregnancies (twins are a single pregnancy)

and have given birth to   living children

How old were you at the start of your first pregnancy that lasted longer than six months?

years old

Have you ever breastfed?

No  
 Yes, in total I have breastfed for   months

## 8 Breast cancer in the family

Have you had breast cancer?

- No  
 Yes, I was diagnosed with breast cancer when I was   years old

Has your mother/sister/daughter had breast cancer?

- No  
 Do not know  
 Yes, she was diagnosed with breast cancer when she was   years old  
(If more than one, state youngest age)

Has your grandmother/mother's sister/father's sister had breast cancer?

- No  
 Do not know  
 Yes, she was diagnosed with breast cancer when she was   years old  
(If more than one, state youngest age)

## 9 Changes/lumps in the breast

Have you ever taken a sample from a benign change/lump in your breast?

- No  Yes, right breast  
 Yes, both breasts  Yes, left breast

Have you ever removed a benign change/lump in your breast?

- No  Yes, right breast  
 Yes, both breasts  Yes, left breast

## 10 Smoking habits

Check one box on each line

|             | Did not<br>smoke         | Smoked<br>only in<br>weekends | Smoked daily                         |                          |                          |                          |                          |
|-------------|--------------------------|-------------------------------|--------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|             |                          |                               | Average number of cigarettes per day |                          |                          |                          |                          |
|             |                          |                               | <1                                   | 1-4                      | 5-9                      | 10-19                    | 20+                      |
| 10-14 years | <input type="checkbox"/> | <input type="checkbox"/>      | <input type="checkbox"/>             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15-19 years | <input type="checkbox"/> | <input type="checkbox"/>      | <input type="checkbox"/>             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20-29 years | <input type="checkbox"/> | <input type="checkbox"/>      | <input type="checkbox"/>             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 30-39 years | <input type="checkbox"/> | <input type="checkbox"/>      | <input type="checkbox"/>             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 40-49 years | <input type="checkbox"/> | <input type="checkbox"/>      | <input type="checkbox"/>             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Have you ever smoked at least once a week for six months or more?

- No  
 Yes, I started when I was   years old

## 11 Physical activity and exercise

Check one box on each line

**Physical activity:** Light walking and cycling, garden work, clearing snow etc

|             | Were not physically active | Average physical activity per <b>week</b> |                          |                          |                          |
|-------------|----------------------------|---|--------------------------|--------------------------|--------------------------|
|             |                            | 0-1 hours                                 | 2-3 hours                | 4-5 hours                | 6+ hours                 |
| 15-19 years | <input type="checkbox"/>   | <input type="checkbox"/>                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20-29 years | <input type="checkbox"/>   | <input type="checkbox"/>                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 30-39 years | <input type="checkbox"/>   | <input type="checkbox"/>                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 40-49 years | <input type="checkbox"/>   | <input type="checkbox"/>                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Check one box on each line

**Exercise:** Regular activities with **high** intensity, at least 1/2 hour each time, such as aerobics, jogging, cycling

|             | Did not train            | Average exercise per <b>week</b> |                          |                          |                          |
|-------------|--------------------------|----------------------------------|--------------------------|--------------------------|--------------------------|
|             |                          | 0-1 hours                        | 2-3 hours                | 4-5 hours                | 6+ hours                 |
| 15-19 years | <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20-29 years | <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 30-39 years | <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 40-49 years | <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## 12 Alcohol

State your average consumption of alcohol per **month**

|             | Did not drink            | Beer<br>(no. of pints) | Red wine/<br>white wine<br>(no. of glasses) | Fortified<br>wine/liquor<br>(no. of glasses) |
|-------------|--------------------------|------------------------|---|--|
| 15-19 years | <input type="checkbox"/> | <input type="text"/>   | <input type="text"/>                        | <input type="text"/>                         |
| 20-29 years | <input type="checkbox"/> | <input type="text"/>   | <input type="text"/>                        | <input type="text"/>                         |
| 30-39 years | <input type="checkbox"/> | <input type="text"/>   | <input type="text"/>                        | <input type="text"/>                         |
| 40-49 years | <input type="checkbox"/> | <input type="text"/>   | <input type="text"/>                        | <input type="text"/>                         |

Thank you for your help!