

Supplementary Table 4. Questions and answers used in Supplementary table 3

| Item | nr | question | answer |
|-------------------------------|-----------|--|---|
| Morphometry | | | |
| Height | 1 | What is your height? (in cm) | number |
| Weight | 2 | What is your weight? (in kg) | number |
| BMI | 1,2 | see above | Calculated BMI = weight(in kilo)/length ² (in meter) |
| Left/right handed | 3 | Are you left or right handed? | left/right |
| Sunburn sensitivity | 4 | Are you susceptible to sunburn? | Very much / Much / Not very much / Not at all |
| Eye color | 5 | What is the colour of your eyes? | Very light blue or very light grey / Blue / Grey / Green / Light brown / Dark brown |
| Medical risk factors | | | |
| Allergy | 6 | Do you suffer from allergy? | yes/no |
| Coronary heart disease | 7 | Do you have other problems with your heart or circulation? | yes/no |
| | 8 | Please write down which problems. | memo |
| Heart attack | 9 | Have you ever had a heart attack? | yes/no |
| Heart catheterization | 10 | Have you ever had coronary artery catheterization? | yes/no |
| Heart surgery | 11 | Have you ever had heart surgery? | yes/no |

Supplementary Table 4 (cont'd)

| Medical risk factors (cont'd) | | | |
|--------------------------------------|-----------|---|--|
| Total CVD | 7,8 | see above | |
| | 12 | Have you ever had a stroke? | yes/no |
| | 13 | Do you suffer from intermittent claudication? (this is if you can't walk more than 200m, because you get cramps in your legs, and when you stand still for a moment the pain gets better) | yes/no |
| | | | Calculated presence of any Cardiovascular Disease (either coronary heart disease, stroke or intermittent claudication) |
| CVD event | 7-9,12,13 | see above | Calculated occurrence of any Cardiovascular Disease Event (either coronary heart disease, heart attack, stroke or intermittent claudication) |
| Diabetes | 14 | Do you suffer from diabetes? | yes/no/don't know |
| Insulin | 15 | Do you need insulin? | yes/no |
| Lung problems | 16 | Do you suffer from lung problems? | yes/no |
| Osteoarthritis | 17 | Do you suffer from osteoarthritis? | yes/no |
| Osteoporosis | 18 | Do you suffer from osteoporosis? | yes/no |
| Whiplash | 19 | Have you ever had a whiplash injury? | yes/no/don't know |

Supplementary Table 4 (cont'd)

| Medicine | | | |
|------------------------------------|----|---|---|
| Aspirin | 20 | Do you take aspirin on a daily basis for your heart or to dilute your blood? | yes/no |
| Atorvastatin | 21 | Please list all of the medication you have taken on a regular basis (for more than three months) in the past or that you are taking now on a regular basis. | memo |
| Painkillers | 22 | On average how often do you take painkillers? | Never / Less than 1 tablet a month / Less than 1 tablet a week (but more than one a month) / 2-5 tablets a week / 2-5 tablets a day |
| Noise | | | |
| Gunfire noise | 23 | Have you ever fired a gun? | yes/no |
| | 24 | Have you fired rifles or shotguns (SLR, .303")? | yes/no |
| | 25 | Have you fired machine guns (Bren, Vickers, Lewis, Browning, GMPG)? | yes/no |
| | 26 | Have you fired other light weapons? | yes/no |
| | 27 | Try to estimate the total number of shots fired with light weapons | Less than 10 shots / 10-100 shots / 101-1000 shots / 1001-10.000 shots / More than 10.000 shots |
| | 28 | Did you use ear protection when firing with light weapons? | yes/no |
| | 29 | Have you fired or been close to light artillery (20mm, 40mm, 2lb, 3lb)? | yes/no |
| | 30 | Have you fired or been close to larger artillery (anti-tank guns, heavy anti-aircraft, 57mm, 3"...)? | yes/no |
| | 31 | Have you fired or been close to other heavy weapons? | yes/no |
| | 32 | Try to estimate the total number of shots fired with heavy weapons | Less than 10 shots / 10-100 shots / 101-1000 shots / 1001-10.000 shots / More than 10.000 shots |
| | 33 | Did you use noise protection when firing with heavy weapons? | yes/no |
| Occupational noise exposure | 34 | Have you ever worked for more than 1 year in a place where you had to raise your voice to make yourself heard by someone standing 1 m away from you? | yes/no |

Supplementary Table 4 (cont'd)

| Noise (cont'd) | | | |
|----------------------------------|-------|---|--|
| Years noise exposure | 35 | How many years have you been doing this job? | number set to zero if Question 34 = no |
| Total noise exposure | 35 | see above | number |
| | 36 | How many hours per day were you exposed to noise? | number |
| Ear protection | 38 | Did you use ear protection? | Always / Most of the time / More than 50% of the time / Less than 50% of the time / Never note: scale of 5 dichotomized into 2 groups: 'always' or 'most of the time' versus rest only calculated if question 34 = yes |
| Solvents | | | |
| Solvent exposure | 39 | Have you been exposed to solvents (e.g. trichloroethylene, toluene, evaporations from paints or lacquers) for more than 1 year in one of your jobs? | yes/no |
| | 40 | Which solvents? | memo |
| Total solvent exposure | 41 | For how many years were you exposed to solvents? | number |
| | 42 | For how many hours per day were you exposed to solvents? | number calculated # years work in solvents * # hours/day ; set to zero if question 39 = no |
| Solvent*noise interaction | 34,39 | see above | Interaction between solvents and noise |

Supplementary Table 4 (cont'd)

| Smoking | | | |
|---|-------------------------|--|--|
| Current or former smoking | 43 | Have you ever smoked regularly? | yes/no |
| Smoking history (packyears) | 44 | At what age did you start smoking? | date |
| | 45 | How many years did you (have you) smoke(d) up to now? | number |
| | 46 | Approximately how many cigarettes do (did) you smoke on average each day? | Less than 5 each day / 5-10 each day / 10-20 each day / More than 20 each day calculated #packs/day * #years smoked ; set to zero if question 417 = no |
| Smoking by sex | 43-46 | see above | association with packyears, calculated separately for males and females |
| Smoking adjusted for CVD | 7-9, 12,13, 43-46 | see above | association with packyears, correcting for occurrence of cardiovascular disease event |
| Smoking dosage effect in smokers | 43-46 | see above | association with packyears, calculated in in smokers only |
| Smoking*noise interaction | 34,43 | see above | interaction between smoking and noise exposure |
| Alcohol consumption | | | |
| Regular alcohol use | 47 | Do you drink alcohol regularly? (every week) | yes/no |
| Amount of alcohol | 48 | How many drinks do you have on average? (a small bottle of beer (25cl), a glass of red or white wine (12cl) or a glass of spirits (4cl) counts as 1 drink) | Less than 1 drink each week / 1-5 drinks each week / 1-3 drinks each day / More than 3 drinks each day set to zero if question 47 = no |