

GENERAL DATA QUESTIONNAIRE

Attention: After the reading all the answers, choose the one that is most acceptable to you and circle the number next to the option you have chosen. Please, answer very detail the questions presented without standard statements.

1. **Code** _____
2. **Date** day-month-year _____
3. **Sex**
Female
Male
4. **Date of birth** _____
5. **Family status**
Married/living with someone
Single
Divorced
Widowed
6. **Education**
Primary
Not finished secondary
Secondary/College
University
7. **What kind of work do you do for most of the year?**
Agricultural and forestry work
Industry, buiding etc.
Student
Housewife
Retired
Unemployed
Office, mental job, service sector
Other
8. **Work regime:**
Only daytime
Daytime/night time (Shift work)
9. **Average income per family member/month?** _____

SELF-EVALUATED HEALTH QUESTIONNAIRE

Attention: After the reading all the answers, choose the one that is most acceptable to you and circle the number next to the option you have chosen. Please, answer very detail the questions presented without standard statements.

1. How do you assess the current health?

Good Rather good Fair Rather poor Poor

2. How many times do you attend the doctor (In-hospital, out-patient department, except odontologist) during the last 12 months? _____

If no visits, mark the š0š.

3. Have you experienced stress in the last month?

No at all

Yes, a little, but I don't usually experience it

Yes, but other persons experience more than usually

Yes, my life is just unbearable

4. Have you experienced following pain during last month at night:

Attention: Please mark in each row of the table + prie šYesš arba šNoš. No rows in the table can be left blank.

	Pain	Yes	No
1.	Headache		
2.	Stomach ache		
3.	Toothache		
4.	Joint pain		
5.	Diabetic foot pain		
6.	Back pain		
7.	Lower back pain		
8.	Muscle ache		
9.	Other pain		

5. Which of these diseases have you been diagnosed with and treated in the last 12 months?

Attention: Please mark in each row of the table + prie šYesõ arba šNoõ. No rows in the table can be left blank.

	Diseases	Yes	No
1.	Arterial hypertension		
2.	Diabetes mellitus		
3.	Myocardial infarction (Heart attac)		
4.	Angina pectoris		
5.	Coronary artery disease		
6.	Rheumatic arthritis		
7.	Spinal diseases		
8.	Emphysema (pulmonary enlargement)		
9.	Chronic bronchitis or asthma		
10.	Chronic pyelonephritis		
11.	Others		

6. Have you taken any medication in the last month:

Attention: Please mark in each row of the table + prie šYesõ arba šNoõ. No rows in the table can be left blank.

	Medicines	Yes	No
1.	Sedatives		
2.	Sleeping pills		
3.	Antialergics		
4.	Antidepressants		
5.	Pain-relieving medicines		
6.	Antihypertensives		
7.	Antiarrhythmics		
8.	Anticholesterol drugs		
9.	Cough-reducing medicines		
10.	Others		

LIFESTYLE ASSESSMENT QUESTIONNAIRE

Smoking

1. Are you currently smoking?

Yes, regularly Sometimes No

If "No", please, continue to answer the questions in the next section "Alcohol".

2. How many cigarettes, papiroses or pipes you smoke per day on average?

1-5 ; 6-14 ; 15-25 > 25

Alcohol

1. How often do you drink alcohol (including beer)?

Daily ; 2-3 times per week ; Once per week ; 2-3 times per month

Several times per year ; Don't use it at all .

Physical activity during the last year

1. How many minutes during a normal work day do you sit (If you are not working or usually during the day)?

_____ minutes

2. How many minutes a day do you walk?

_____ minutes