

EGCUT questionnaire

A	About the person		
A1	Where were you born?		
	in Estonia	1	<input type="checkbox"/>
	elsewhere	2	<input type="checkbox"/>
			↓A1.1 ↓A2
A1.1	Place of birth (in Estonia) <i>[Chosen from the administrative division classification of Estonia]</i>		↓A2
			<input type="checkbox"/>
A2	Has your current place of residence been your main one throughout your life?		
	Yes	1	<input type="checkbox"/>
	No	2	<input type="checkbox"/>
			↓A3 ↓A2.1
A2.1	Which place has been your main place of living?		
	Estonia	1	<input type="checkbox"/>
	elsewhere	2	<input type="checkbox"/>
			↓A2.2 ↓A3
A2.2	Main place of living in Estonia? <i>[Chosen from the administrative division classification of Estonia]</i>		↓A3
			<input type="checkbox"/>
A3	What is your nationality?		↓A4
	Estonian	1	<input type="checkbox"/>
	Russian	2	<input type="checkbox"/>
	Ukrainian	3	<input type="checkbox"/>
	Belorussian	4	<input type="checkbox"/>
	Finnish	5	<input type="checkbox"/>
	Jew/Israeli	6	<input type="checkbox"/>
	Tatar	7	<input type="checkbox"/>
	German	8	<input type="checkbox"/>
	Latvian	9	<input type="checkbox"/>
	Polack	10	<input type="checkbox"/>
	Lithuanian	11	<input type="checkbox"/>
	Other	12	<input type="checkbox"/>
A4	What is your mother tongue?		↓B1
	Estonian	1	<input type="checkbox"/>
	Russian	2	<input type="checkbox"/>
	Ukrainian	3	<input type="checkbox"/>
	Byelorussian	4	<input type="checkbox"/>
	Finnish	5	<input type="checkbox"/>
	Yiddish	6	<input type="checkbox"/>
	Tatar language	7	<input type="checkbox"/>
	German	8	<input type="checkbox"/>
	Latvian	9	<input type="checkbox"/>
	Polish	10	<input type="checkbox"/>
	Lithuanian	11	<input type="checkbox"/>
	Other	12	<input type="checkbox"/>
B	Genealogy		
	Mother		
B1	Do you know, who your biological mother is?		
	Yes	1	<input type="checkbox"/>
	No	2	<input type="checkbox"/>
			↓B1.1 ↓B2
B1.1	First name		↓B1.2
			<input type="checkbox"/>
B1.2	Surname		↓B1.3
			<input type="checkbox"/>
B1.3	Is it her given name at birth?		↓B1.4
	Yes	1	<input type="checkbox"/>
	No, her given name at birth is	2	<input type="checkbox"/>
	I don't know	3	<input type="checkbox"/>
B1.4	Date of birth <i>[The date is either put in or chosen from the calendar]</i> mm/dd/year		↓B1.5
			<input type="checkbox"/>

B1.5	Personal identification code _____	↓B1.6
B1.6	Is your mother alive? Yes 1 <input type="checkbox"/> No 2 <input type="checkbox"/>	↓B1.10 ↓B1.7
B1.7	When did she die? <i>[The date is either put in or chosen from the calendar]</i> mm/dd/year _____	↓B1.8
B1.8	Mother's age, when her date of death is not known <<Approximate age>> _____	↓B1.9
B1.9	What did she die of? I don't know 1 <input type="checkbox"/> Advanced age 2 <input type="checkbox"/> An accident 3 <input type="checkbox"/> Cardiovascular diseases 4 <input type="checkbox"/> Benign tumour 5 <input type="checkbox"/> Malignant tumour 6 <input type="checkbox"/> Endocrine and metabolic diseases 7 <input type="checkbox"/> Diseases of the nervous system 8 <input type="checkbox"/> Diseases of the respiratory system 9 <input type="checkbox"/> Sceleto-muscular and connective tissue 10 <input type="checkbox"/> Genitourinary diseases 11 <input type="checkbox"/> Infectious and parasitic diseases 12 <input type="checkbox"/> Hemalotical and hematopoetic disorders 13 <input type="checkbox"/> Mental or behavioural disorders 14 <input type="checkbox"/> Skin and subcutaneous tissue diseases 15 <input type="checkbox"/> Pregnancy, delivery and puerperium 16 <input type="checkbox"/> Certain conditions of the perinatal period 17 <input type="checkbox"/> Other symptoms and conditions 18 <input type="checkbox"/> External causes of the diseases and death 19 <input type="checkbox"/> Diseases of gastro-intestinal system 21 <input type="checkbox"/> Other 20 _____	↓B1.10
B1.10	Does your mother have any other children besides you? Yes 1 <input type="checkbox"/> No 2 <input type="checkbox"/>	↓B1.10 table ↓B2
	Please name their first and surnames, starting from the eldest child <i>[The following data are to be put into the table: name, surname, given name, gender, date of birth,</i> 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____	↓B1.19 / ↓B1.20 / ↓B2
B1.19	Are you and <name of the person> one-or-two-egg twins? <<Asked in case the parents are the same and if the birth of date is the same>> One-egg twins 1 <input type="checkbox"/> Two-egg twins 2 <input type="checkbox"/> I don't know, either one-or-two- 3 <input type="checkbox"/> We are not twins 4 <input type="checkbox"/>	↓B1.20
B1.20	When did <name of the person> die? <<Asked in case any of the mother's children are dead>> <i>[The date is put in or chosen from the calendar]</i> mm/dd/year _____	↓B1.21
B1.21	His/her age, when the date of death is not known <<Approximate age>> _____	↓B1.22

B1.22	What did <name of the person> die of? <div style="float: right; text-align: right;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> I don't know 1 Advanced age 2 An accident 3 Cardiovascular diseases 4 Benign tumour 5 Malignant tumour 6 Endocrine and metabolic diseases 7 Diseases of the nervous system 8 Diseases of the respiratory system 9 Sceleto-muscular and connective tissue 10 Genitourinary diseases 11 Infectious and parasitic diseases 12 Hemalotical and hematopoetic disorders 13 Mental or behavioural disorders 14 Skin and subcutaneous tissue diseases 15 Pregnancy, delivery and puerperium 16 Certain conditions of the perinatal period 17 Other symptoms and conditions 18 External causes of the diseases and death 19 Diseases of gastro-intestinal system 21 Other 20 _____ <i>[Back to question nr B1.19 until all data about all the mother's children has been given]</i>	↓B2
Father		
B2	Do you know, who your biological father is? Yes 1 No 2 <div style="float: right; text-align: right;"> <input type="checkbox"/> </div>	↓B2.1 ↓B3
B2.1	First name _____	↓B2.2
B2.2	Surname _____	↓B2.3
B2.3	Is it his given name at birth? Yes 1 No, his given name at birth is 2 _____ I don't know 3	↓B2.4
B2.4	Date of birth <i>[The date is either put in or chosen from the calendar]</i> mm/dd/year _____	↓B2.5
B2.5	Personal identification code _____	↓B2.6
B2.6	Is your father alive? Yes 1 No 2 <div style="float: right; text-align: right;"> <input type="checkbox"/> </div>	↓B2.10 ↓B2.7
B2.7	When did he die? <i>[The date is either put in or chosen from the calendar]</i> mm/dd/year _____	↓B2.8
B2.8	Father`s age, when his date of death is not known <<Approximate age>> _____ <div style="float: right; text-align: right;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div>	↓B2.9

B2.9	What did he die of? I don't know 1 Advanced age 2 An accident 3 Cardiovascular diseases 4 Benign tumour 5 Malignant tumour 6 Endocrine and metabolic diseases 7 Diseases of the nervous system 8 Diseases of the respiratory system 9 Sceleto-muscular and connective tissue 10 Genitourinary diseases 11 Infectious and parasitic diseases 12 Hemalotical and hematopoetic disorders 13 Mental or behavioural disorders 14 Skin and subcutaneous tissue diseases 15 Pregnancy, delivery and puerperium 16 Certain conditions of the perinatal period 17 Other symptoms and conditions 18 External causes of the diseases and death 19 Diseases of gastro-intestinal system 21 Other 20	↓B2.10
B2.10	Does your father have any other children, who have not been named in connection to your mother? Yes 1 No 2	↓B2.10 table ↓B3
	Please name their first names and surnames, starting from the eldest child <i>[The following data are to be put into table: first name, surname, given name, gender, date of birth,</i> 1. _____ 2. _____ 3. _____ 4. _____	↓B2.18
B2.18	When did <name of the person> die? <<Asked in case any of the father's children are dead>> <i>[The date is either put in or chosen from the calendar]</i> mm/dd/year _____	↓B2.19
B2.19	His/her age, when the date of death is not known <<Approximate age>> _____	↓B2.20
B2.20	What did <name of the person> die of? I don't know 1 Advanced age 2 An accident 3 Cardiovascular diseases 4 Benign tumour 5 Malignant tumour 6 Endocrine and metabolic diseases 7 Diseases of the nervous system 8 Diseases of the respiratory system 9 Sceleto-muscular and connective tissue 10 Genitourinary diseases 11 Infectious and parasitic diseases 12 Hemalotical and hematopoetic disorders 13 Mental or behavioural disorders 14 Skin and subcutaneous tissue diseases 15 Pregnancy, delivery and puerperium 16 Certain conditions of the perinatal period 17 Other symptoms and conditions 18 External causes of the diseases and death 19 Diseases of gastro-intestinal system 21 Other 20 <i>[Back to question nr B2. 18 until all data about all the father's children has been given]</i>	↓B3
	Grandparents	
B3	Do you know who your biological grandparents are? Yes 1 No 2	↓B3 table ↓B4

	<p>Please name their first names and surnames, starting from your grandparents on your <i>[The following data are to be put in: name, surname, given name, date of birth, personal identification number and a notation weather the person is alive]</i></p> <p>1. Your paternal _____ grandfather</p> <p>2. Your paternal _____ grandmother</p> <p>3. Your maternal _____ grandfather</p> <p>4. Your maternal _____ grandmother</p>	↓B3.7																																																															
B3.7	<p>When did <name of the person> die? <<Asked in case any of the grandparent are dead>> <i>[The date is either put in or chosen from the calendar]</i> mm/dd/year _____</p>	↓B3.8																																																															
B3.8	<p>His/her age, when the date of death is not known <<Approximate age>> _____</p>	↓B3.9																																																															
B3.9	<p>What did <name of the person> die of?</p> <table border="0"> <tr><td>I don't know</td><td>1</td><td>_____</td></tr> <tr><td>Advanced age</td><td>2</td><td></td></tr> <tr><td>An accident</td><td>3</td><td></td></tr> <tr><td>Cardiovascular diseases</td><td>4</td><td></td></tr> <tr><td>Benign tumour</td><td>5</td><td></td></tr> <tr><td>Malignant tumour</td><td>6</td><td></td></tr> <tr><td>Endocrine and metabolic diseases</td><td>7</td><td></td></tr> <tr><td>Diseases of the nervous system</td><td>8</td><td></td></tr> <tr><td>Diseases of the respiratory system</td><td>9</td><td></td></tr> <tr><td>Sceleto-muscular and connective tissue</td><td>10</td><td></td></tr> <tr><td>Genitourinary diseases</td><td>11</td><td></td></tr> <tr><td>Infectious and parasitic diseases</td><td>12</td><td></td></tr> <tr><td>Hemalotical and hematopoetic disorders</td><td>13</td><td></td></tr> <tr><td>Mental or behavioural disorders</td><td>14</td><td></td></tr> <tr><td>Skin and subcutaneous tissue diseases</td><td>15</td><td></td></tr> <tr><td>Pregnancy, delivery and puerperium</td><td>16</td><td></td></tr> <tr><td>Certain conditions of the perinatal period</td><td>17</td><td></td></tr> <tr><td>Other symptoms and conditions</td><td>18</td><td></td></tr> <tr><td>External causes of the diseases and death</td><td>19</td><td></td></tr> <tr><td>Diseases of gastro-intestinal system</td><td>21</td><td></td></tr> <tr><td>Other</td><td>20</td><td>_____</td></tr> </table> <p><i>[Back to question nr B3.7 until all data about all the grandparents has been given]</i></p>	I don't know	1	_____	Advanced age	2		An accident	3		Cardiovascular diseases	4		Benign tumour	5		Malignant tumour	6		Endocrine and metabolic diseases	7		Diseases of the nervous system	8		Diseases of the respiratory system	9		Sceleto-muscular and connective tissue	10		Genitourinary diseases	11		Infectious and parasitic diseases	12		Hemalotical and hematopoetic disorders	13		Mental or behavioural disorders	14		Skin and subcutaneous tissue diseases	15		Pregnancy, delivery and puerperium	16		Certain conditions of the perinatal period	17		Other symptoms and conditions	18		External causes of the diseases and death	19		Diseases of gastro-intestinal system	21		Other	20	_____	↓B4
I don't know	1	_____																																																															
Advanced age	2																																																																
An accident	3																																																																
Cardiovascular diseases	4																																																																
Benign tumour	5																																																																
Malignant tumour	6																																																																
Endocrine and metabolic diseases	7																																																																
Diseases of the nervous system	8																																																																
Diseases of the respiratory system	9																																																																
Sceleto-muscular and connective tissue	10																																																																
Genitourinary diseases	11																																																																
Infectious and parasitic diseases	12																																																																
Hemalotical and hematopoetic disorders	13																																																																
Mental or behavioural disorders	14																																																																
Skin and subcutaneous tissue diseases	15																																																																
Pregnancy, delivery and puerperium	16																																																																
Certain conditions of the perinatal period	17																																																																
Other symptoms and conditions	18																																																																
External causes of the diseases and death	19																																																																
Diseases of gastro-intestinal system	21																																																																
Other	20	_____																																																															
	<p>Children</p>																																																																
B4	<p>Do you have any biological children?</p> <table border="0"> <tr><td>Yes</td><td>1</td><td>_____</td></tr> <tr><td>No</td><td>2</td><td></td></tr> </table>	Yes	1	_____	No	2		↓B4 table ↓C1																																																									
Yes	1	_____																																																															
No	2																																																																
	<p>Please name their first names and surnames, starting from the eldest child <i>[The following data are to be put into table: name, surname, given name, gender, date of birth,</i></p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. _____</p>	↓B4.8																																																															
B4.8	<p>Was <name of the child> born maturely, prematurely or post-term?</p> <table border="0"> <tr><td>Mature</td><td>1</td><td>_____</td></tr> <tr><td>Premature</td><td>2</td><td></td></tr> <tr><td>Post-term</td><td>4</td><td></td></tr> <tr><td>I don't know</td><td>3</td><td></td></tr> </table>	Mature	1	_____	Premature	2		Post-term	4		I don't know	3		↓B4.9																																																			
Mature	1	_____																																																															
Premature	2																																																																
Post-term	4																																																																
I don't know	3																																																																

C2	Which is your educational degree? I don't have elementary education 1 Completed elementary education 2 Basic education/junior grade of high school 3 Secondary education/high school 4 Professional secondary education 5 Professional higher education 6 University degree 7 Research degree 8 I don't know 9	↓D1
D	Job	
D1	Have you ever earned your living for more than three month? Yes 1 No 2	↓D2 ↓D4
D2	Do you have a job right now? Yes 1 No 2	↓D2.1 ↓D4
D2.1	What is your professional status right now? <i>[The data about the professional status is put in on the basis of the occupations listed in the occupational Classification named ISCO-88]</i> _____	↓D2.2
D2.2	How many hours in week do you usually work? <<Number of hours (approximately)>> _____	↓D2.3
D2.3	When did you start working on your current job? <<Year>> _____	↓D2.4
D2.4	How much physical effort does your current job take? Sitting position most of the time 1 Standing or walking most of the time, no special physical effort 2 Standing or walking most of the time, requires special physical effort 3 My work requires special physical effort 4	↓D2.5
D2.5	Has your current professional status been your main professional status (the occupation you have kept the longest)? Yes 1 No 2	↓E1.1 ↓D3.1
D3.1	Which has been your main professional status (the occupation you have kept the longest)? <i>[The data about the professional status is put in on the basis of the occupations listed in the occupational Classification named ISCO-88]</i> _____	↓D3.2
D3.2	How many years did you keep your main professional status? <<Number of years>> _____	↓D3.3
D3.3	How would you describe the amount of the physical effort in your main professional status? I spent most of the time sitting 1 I spent most of the time standing up or walking and didn't experience much physical effort 2 I spent most of the time standing up or walking and experienced much physical effort 3 My main professional status requires much physical effort 4	↓D3.4
D3.4	How many hours in a week did you usually work? <<Number of hours (approximately)>> _____	↓E1.1

D4	What is the reason your are not working? I`m: Retired due to age 1 Retired due to medical condition 2 Pupil or student 3 Recruited to make armed forces 4 Homemaker 5 Unemployed 6	↓D3.1/↓E1.1
E	Physical activity	
E1	Physical exercise	
E1.1	Have you done or are doing physical exercise (Sunday sports) ? Yes 1 No 2	↓E1.2 ↓E2.1
E1.2	What are the main types (max 3) of physical exercise you experience? <i>[The data about the types of physical exercise is given on the basis of the classification given]</i> _____ _____	↓E1.3
E1.2.1	Do you still practice <> ? Yes 1 No 2	↓E1.3
E1.3	How many times a week do you practice <>? <<Number of times a week>>	↓E1.4
E1.4	How long do you usually practice <>? <<Duration in hours (approximately)>>	↓E1.5
E1.5	How many years have you been practicing <>? <<Number of years (approximately)>> <i>[Back to question E1.3 until the data about all the physical activities is given]</i>	↓E2.1
E2	Professional sport	
E2.1	Have you been active in professional sport in ages 18-40? No 1 Yes, I have 2 Yes, I am now 3	↓E3 ↓E2.2 ↓E2.4
E2.2	Which have been the main (max 3) physical exercises you have been doing? <i>[The data is chosen from the classification given]</i> _____ _____ _____	↓E2.3
E2.3	For how many years have you been practicing <>? <Number of years>> <i>[The question is asked about all the different types of physical exercise given]</i>	↓E3
E2.4	What are the main types (max 3) of physical exercise you experience? <i>[The data about the types of physical exercise is given on the basis of the classification given]</i> _____ _____ _____	↓E2.5
E2.5	How many times a week do you practice <>? <<Number of times a week>>	↓E2.6
E2.6	How long do you usually practice <>? <<Duration in hours (approximately)>>	↓E2.7
E2.7	How many years have you been practicing <>? <<Number of years (approximately)>> <i>[Back to question E2.5 until the data about all the physical activities is given]</i>	↓E3

E3	Spare time activities				
E3	Please think how many hours (out of working time) in a week do you spend on the following activities. <i>[The number of hours spent on the activity or 0 must be inserted]</i>				↓E3.1
E3.1	Speedwalking			<input type="text"/>	↓E3.2
E3.2	Moderate walking			<input type="text"/>	↓E3.3
E3.3	Slow walking			<input type="text"/>	↓E3.4
E3.4	Making food			<input type="text"/>	↓E3.5
E3.5	Shopping			<input type="text"/>	↓E3.6
E3.6	Cleaning			<input type="text"/>	↓E3.7
E3.7	Doing laundry and ironing			<input type="text"/>	↓E3.8
E3.8	Taking care of kids			<input type="text"/>	↓E3.9
E3.9	Taking care of the elderly or the disabled persons			<input type="text"/>	↓E3.10
E3.10	Gardening or cleaning snow			<input type="text"/>	↓E3.11
E3.11	Household repairworks			<input type="text"/>	↓E3.12
E3.12	Physical exercise			<input type="text"/>	↓F1
F	Nutritional habits				
F1	How many times in a previous week did you eat the following food items?				↓F2.1
		Not even once (did not any)	On 1-2 days	On 3-5 days	On 6-7 days
	Potatoes	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Rice, pasta	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Porridge, muesli, flakes	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Milk products	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Fish	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Meat	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Meat products (sausage, frankfurter, etc)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Fresh vegetables	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Boiled vegetables	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Fresh fruits, berries	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Compote or jam	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Sweets	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Soft drinks	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Eggs	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
F2.1	How many cups of coffee/tea do you usually drink in a day?				↓F2.1.1
F2.1.1	Coffee			<input type="text"/>	↓F2.1.2
F2.1.2	Tea			<input type="text"/>	↓F2.2
F2.2	How many slices of black/white bread do you usually eat in a day?				↓F2.2.1
F2.2.1	Black bread			<input type="text"/>	↓F2.2.2
F2.2.2	White bread			<input type="text"/>	↓F2.3
F2.3	Taking into account your nutritional habits, are you a person who eats:				↓F2.4
	All kinds of food	7		<input type="text"/>	
	All kinds of food, except red meat	6		<input type="text"/>	
	All kinds of food, except fish	5		<input type="text"/>	
	Some fish in addition to vegetarian food	4		<input type="text"/>	
	Some dairy products and eggs in addition to	3		<input type="text"/>	
	Some dairy products in addition to vegetarian	2		<input type="text"/>	
	Vegetarian food only	1		<input type="text"/>	

F2.4	Do you usually add some salt to the foodstuff after preparation?				↓G1
	Always	1		<input type="checkbox"/>	
	Often	2			
	Sometimes	3			
	Seldom	4			
	Never	5			
G	Smoking				
G1	Have you ever been smoking (more than just one time experience)?				↓G1.1 ↓G2.1
	Yes	1		<input type="checkbox"/>	
	No	2			
G1.1	How old were you when you started to smoke regularly? <<Age>>			<input type="text"/>	↓G1.2
G1.2	Have you been smoking in the last 12 month?				↓G1.3 ↓G1.6.1
	Yes	1		<input type="checkbox"/>	
	No	2			
G1.3	How much and how often in the last 12 month have you consumed the following tobacco products?				↓G1.4
		Times a day	Times a week	Times a month	
	Filter cigarettes	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	No-filter cigarettes	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Cigars	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Pipes	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
G1.4	For how many years have you been consuming tobacco products in such a way? <<Number of years>>			<input type="text"/>	↓G1.5
G1.5	Have you been consuming the same amount of tobacco products during all the whole period of being a smoker?				↓G2.1 ↓G1.7
	Yes	1		<input type="checkbox"/>	
	No	2			
G1.6.1	When did you last smoke a cigarette?				↓G1.6.2
G1.6.2	Year			<input type="text"/>	↓G1.7
G1.7	How often and how much did you usually consume the following tobacco products?				↓G1.8
		Times a day	Times a week	Times a month	
	Filtered cigarettes	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Non-filtered cigarettes	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Cigars	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Pipes	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
G1.8	For how many years did you consume this amount of tobacco products? <<Number of years>>			<input type="text"/>	↓G2.1
G2.1	How many hours in a day do you spend in a room, where someone else smokes? <<Number of hours>>			<input type="text"/>	↓H1
H	Alcohol consumption				
H1	Have you ever consumed any alcoholic drinks, such as beer, wine, liquor, vodka for more than just getting the taste?				↓H1.1 ↓H2.1
	Yes	1		<input type="checkbox"/>	
	No	2			
H1.1	How old were you when you first drank half a litre of beer, 100 ml of wine, 40 ml of liqueur at 20% vol or 40 ml of any type of fortified alcohol? <<Age>>			<input type="text"/>	↓H1.2

O2.2	What time do you start to prepare going to sleep (for example switch off the lights in bedroom)? <<Time>>	<input type="text"/>	↓O2.3
O2.3	How many minutes it takes until you fall asleep? <<Minutes>>	<input type="text"/>	↓O2.4
O2.4	What time do you wake up? <<Time>>	<input type="text"/>	↓O2.5
O2.5	Do you wake up before alarmclock or with the alarmclock rings? Before the alarm clock rings 1 With the alarm clock ring 2	<input type="text"/>	↓O2.6
O2.6	After how many minutes do you finally wake up? <<Minutes>>	<input type="text"/>	↓O2.7
O2.7	On average, how long per day, do you spend outside exposed to daylight ? <<Minutes>>	<input type="text"/>	↓O3
O3	On free days, or on the evening before		
O3.1	What time do you go to bed? <<Time>>	<input type="text"/>	↓O3.2
O3.2	What time do you start to prepare going to sleep (for example switch off the lights in bedroom)? <<Time>>	<input type="text"/>	↓O3.3
O3.3	How many minutes it takes until you fall asleep? <<Minutes>>	<input type="text"/>	↓O3.4
O3.4	What time do you wake up? <<Time>>	<input type="text"/>	↓O3.5
O3.5	Do you wake up before alarmclock or with the alarmclock rings? Before the alarm clock rings 1 With the alarm clock ring 2	<input type="text"/>	↓O3.6
O3.6	After how many minutes do you finally wake up? <<Minutes>>	<input type="text"/>	↓O3.7
O3.7	On average, how long per day, do you spend outside exposed to daylight? <<Minutes>>	<input type="text"/>	↓I1/♂ ↓J1
I	Health status of women		♂ ↓J1
I1	Have your menstruations started? Yes 1 No 2	<input type="text"/>	♀ ↓J2 ♀ ↓J1
I2	How old were you at the time your menstruations started? <<Age>>	<input type="text"/>	↓I3 / ↓I4
I3	Approximately how long is your menstrual cycle? <i>[In case the person questioned is over 35, the question is the following]</i>		↓I5
I4	Approximately how long was your menstrual cycle when you were between 25 and 35 years old? I don't know 1 I have not had any menstrual 2 Irregular 3 20 days or less 4 21-24 days 5 25-29 days 6 30-35 days 7 more than 35 days 8	<input type="text"/>	↓I5

I5	How quickly after the first menstruation did your menstrual cycles become regular?		↓I6
	Right from the start or within 6 months 1 In a year 2 In 2 years 3 In 3 years 4 In 4 years 5 In 5 or more years 6 After the first pregnancy 7 Always irregular 8	<input type="checkbox"/>	
I6	Are you having menstrual cycles now?		↓I6.5 ↓I6.1
	Yes 1 No 2	<input type="checkbox"/>	
I6.5	When did the last menstrual cycle begin? [The date is either put in or chosen from the calendar] mm/dd/year		↓I6.6
I6.6	How many days does your menstrual cycle last usually? <<Number of days>>		↓I7
I6.1	How old were you, when you had your last menstrual cycle? <<Approximate age>>	<input type="checkbox"/>	↓I6.2
I6.2	For what reason did your menstrual cycle end?		↓I6.3 ↓I8.2 ↓I6.2.1
	Menopause 1 I am pregnant at the moment 2 Other reason 3	<input type="checkbox"/>	
I6.2.1	What was the other reason?		↓I8.1
	Birth control pills, contraceptive methods 1 Gynecological operation 2 Medications 3 Low body weight 4 Professional sport activity 5 Concomitant disease 6 Breast-feeding a child 7	<input type="checkbox"/>	
I6.3	In the last 12 months, have you had any menstruation like vaginal discharges?		↓I6.4 ↓I8.1
	Yes 1 No 2	<input type="checkbox"/>	
I6.4	How many times have you had vaginal discharges?		↓I8.1
	1 to 3 1 4 to 5 2 6 to 9 3 10 or more 4	<input type="checkbox"/>	
I7	How many menstrual cycles have you had during the last 12 month?		↓I8.1
	1 to 3 1 4 to 5 2 6 to 9 3 10 or more 4 I don't know 5	<input type="checkbox"/>	
I8.1	Have you ever got pregnant?		↓I8.2 ↓I9.1
	Yes 1 No 2	<input type="checkbox"/>	
I8.2	How many times have you got pregnant? <<Number of times>>		↓I8.3
		<input type="checkbox"/>	
I8.3	How many of the pregnancies ended with:		↓I8.3.1
I8.3.1	Normal delivery 5	<input type="checkbox"/>	↓I8.3.2
I8.3.2	Unintentional miscarriage 1	<input type="checkbox"/>	↓I8.3.3

I8.3.3	Malicious termination of pregnancy	2	<input type="checkbox"/>	↓I8.3.4
I8.3.4	Outer uterine pregnancy	3	<input type="checkbox"/>	↓I8.3.5
I8.3.5	Stillborn child	4	<input type="checkbox"/>	↓I8.4
I8.4	How old were you when you got pregnant for the first time? <<Approximate age>>		<input type="checkbox"/>	↓I8.5
I8.5	Have you had artificial insemination (IVF)?		<input type="checkbox"/>	↓I8.5.1 ↓I9.1
	Yes	1		
	No	2		
I8.5.1	How many times have you had artificial insemination? <<Number of times>>		<input type="checkbox"/>	↓I8.5.2
I8.5.2	How many of them have ended with normal delivery? <<Number of times>>		<input type="checkbox"/>	↓I9.1
I9.1	Have you ever used any hormonal contraceptive methods, birth control pills for example?		<input type="checkbox"/>	↓I9.2 ↓J1 / ↓I10.1
	Yes	1		
	No	2		
I9.2	How old were you when you started taking birth control pills? <<Approximate age>>		<input type="checkbox"/>	↓I9.4
I9.4	Are you taking the birth control pills now?		<input type="checkbox"/>	↓I9.4.1 ↓I9.5
	Yes	1		
	No	2		
I9.4.1	Have you sometimes stopped taking the birth control pills or not?		<input type="checkbox"/>	↓I9.6
	No	1		
	No, I didn't take them up to 6 months	2		
	I didn't take them for 6 to 12	3		
	I didn't take them for 1 to 2 years	4		
	I didn't take them for over 2 years	5		
	I don't know	6		
I9.5	How old were you when you stopped taking the birth control pills? <<Approximate age>>		<input type="checkbox"/>	↓I9.6
I9.6	What was the name of the birth control pills? [The name is chosen from the ATC classification given] _____			↓J1
I10.1	Have you used any hormone preparations to relieve the side effects of menopause?		<input type="checkbox"/>	↓I10.2 ↓J1
	Yes	1		
	No	2		
I10.2	How old were you when you started taking the hormone preparations? <<Approximate age>>		<input type="checkbox"/>	↓I10.3
I10.3	Have you stopped taking the hormone preparations for a while?		<input type="checkbox"/>	↓I10.4
	No	1		
	I didn't take them for 6 months	2		
	I didn't take them for 6 to 12	3		
	I didn't take them for 1 to 2 years	4		
	I didn't take them for more than 2	5		
	I don't know	6		
I10.4	Do you take hormone preparations even now?		<input type="checkbox"/>	↓I10.6 ↓I10.5
	Yes	1		
	No	2		

























I10.5	How old were you when you stopped taking the hormone preparations? <<Approximate age>> <input type="text"/>	↓I10.6
I10.6	What was the hormone preparation called? <i>[The name is chosen from the ATC classification given]</i> _____	↓J1
J	Estimation of health status	
	Please state, which of the following statements characterises your health status the best?	
J1	Physical exercise Walking is not a problem for me 1 <input type="checkbox"/> Walking is somewhat difficult for me 2 <input type="checkbox"/> I am shut in bed 3 <input type="checkbox"/>	↓J2
J2	Taking care of oneself Taking care of myself is not a problem for me 1 <input type="checkbox"/> It is difficult for me to wash or dress myself 2 <input type="checkbox"/> I need assistance when washing or dressing myself 3 <input type="checkbox"/>	↓J3
J3	Everyday activities (job, studies, household works, family and spare time events, for example) Usual everyday activities and work are not difficult for me to manage 1 <input type="checkbox"/> Usual everyday activities and work cause me some difficulties 2 <input type="checkbox"/> I cannot manage my usual everyday activities and work 3 <input type="checkbox"/>	↓J4
J4	Pain/discomfort I do not have any pain neither do I experience any discomfort 1 <input type="checkbox"/> I feel moderate pain or have some discomfort 2 <input type="checkbox"/> I am in strong pain or I do experience serious discomfort 3 <input type="checkbox"/>	↓J5
J5	Anxiety/depression I do not feel anxious or depressed 1 <input type="checkbox"/> I experience moderate anxiety or depression 2 <input type="checkbox"/> I feel very anxious or depressed 3 <input type="checkbox"/>	↓K1
K	Diseases	
K1	Which kind of diseases have you been diagnosed with? <i>[The names of the diseases are chosen from the RHK-10 (National classification of diseases)]</i> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/>	↓K1.1/ if 0 ↓K2
K2	Are you absolutely sure that you have not been diagnosed with any diseases? <i>[The question is asked in case the person claims he or she has never been diagnosed with any diseases]</i> Yes 1 <input type="checkbox"/> No 2 <input type="checkbox"/>	↓K4.1
K1.1	Do you have <diagnosis of the disease> now? Yes 1 <input type="checkbox"/> No 2 <input type="checkbox"/>	↓K1.1.1 ↓K1.2
K1.1.1	Which medications have you used during the last two months in connection with <name of the disease>? <i>[The names of the medications are chosen from the ATC classification given]</i> _____	↓K1.2
K1.2	When were you diagnosed with the disease? <<The day when the diagnosis was given>> _____	↓K1.3 / ↓K1.4

K1.6.3.2	FEV1 (number of litres)		↓K1.6.3.3
K1.6.3.3	The date when spirometry was performed		↓K1.6.3.4
K1.6.3.4	Medications which were used during examination and which influenced disease duration (bronhodilatators, corticosteroids)?		↓K1.6.4
K1.6.4	Do you visit your medical specialist regularly (at least once a year)?		
	Yes 1	<input type="checkbox"/>	↓K1.6.4.1
	No 2		↓K4.1
K1.6.4.1	First name		↓K1.6.4.2
K1.6.4.2	Surname		↓K4.1
	[In the case of osteoporosis (M80, M81), the following detailed questions are asked:]		
K1.7	Osteoporosis		
K1.7.1	Has the bone ultrasound densitometry been performed?		
	Yes 1	<input type="checkbox"/>	↓K1.7.2
	No 2		↓K1.7.3
K1.7.2	Value of T-sector		↓K1.7.3
K1.7.3	Has bone densitometry (DXA) been performed?		
	Yes 1	<input type="checkbox"/>	↓K1.7.4
	No 2		↓L1
K1.7.4	Value of T-sector		↓K4.1
	[In case of diabetes (E10-E14), the following questions are asked:]		
K1.8	Questions about diabetes		
K1.8.1	Which procedures have been performed in relation to your diabetes?		↓K1.8.2
	Dialysis 1	<input type="checkbox"/>	
	Kidney transplantation 2		
	Amputation of a limb 3		
	Laser therapy because of eye problems 4		
	Blood cholesterol level has been over 7.8 mmol/l 5		
	None of the above-mentioned 6		
K1.8.2	Please put in the the rate of your last glycohemoglobin test and the date when the test was performed		↓K1.8.2.1
K1.8.2.1	The rate of the glycohemoglobin (%)	<input type="text"/>	↓K1.8.2.2
K1.8.2.2	Date (dd/mm/year)	<input type="text"/>	↓K1.8.3
K1.8.3	The amount of insulin injected and the number of injections in 24 hours.		↓K1.8.3.1
K1.8.3.1	Overall amount (how many units)	<input type="text"/>	↓K1.8.3.2
K1.8.3.2	Number of injections in 24 hours	<input type="text"/>	↓K4.1
	The accommodation disorders (H52.0-H52.7) have occurred, the following questions about the visual decadence are asked:]		
K1.9	Visual decadence		
	How intensive is your visual decadence?		↓K1.9.1
K1.9.1	Left eye dioptry	<input type="text"/>	↓K1.9.2
K1.9.2	Right eye dioptry	<input type="text"/>	↓K1.9.3
K1.9.3	Left eye visus	<input type="text"/>	↓K1.9.4
K1.9.4	Right eye visus	<input type="text"/>	↓K4.1

	[In the case of prostate diseases (N40 - N42, C61) the following detailed questions are asked:]	
K1.10	Have you been measured the level on PSA (Prostate Specific Antigen)? Yes 1 No 2	<input type="checkbox"/> ↓K1.10.1 ↓K4.1
K1.10.1	The level of the PSA most recently measured?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ↓K1.10.2
K1.10.2	Date of the measurement (dd/mm/year)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ↓K4.1
	[In the case of insulin independent diabetes (E11) the following detailed questions are asked:]	
K1.11	Do your parents, grandparents, sisters-brothers or children have had 2. type insulin independent diabetes or clearly heightened blood sugar levels (except 1. type insulin dependent and patients with diabetes who have had insulin)? Yes 1 No 2 Don't know 3	<input type="checkbox"/> ↓K1.11.1 ↓K1.8.1 ↓K1.8.1
K1.11.1	How many person of them have had 2. type insulin independent diabetes or clearly heightened blood sugar levels? number of persons _____	<input type="checkbox"/> ↓K1.8.1
	[In the case of cardiovascular diseases (I00-I51) , clear hypercholesterolemia (E78.0), urinary tract diseases (N00- N28) and diabetes (E10- E14) the following detailed questions are asked at the end of the disease section:]	
K3	Additional questions about cardiovascular diseases	
K3.1	Have you ever had the echocardiogram performed? Yes 1 No 2	<input type="checkbox"/> ↓K3.1.1 ↓K3.2
K3.1.1	The date of the last echocardiogram performed (dd/mm/year) _____	↓K3.1.2
K3.1.2	Ejection fraction. EF% _____	↓K3.1.3
K3.1.3	Does left ventricular hypertrophy occur? Yes 1 No 2	<input type="checkbox"/> ↓K3.2
K3.2	Have you been measured the level of the cholesterol? Yes 1 No 2	<input type="checkbox"/> ↓K3.2.1 ↓K3.3
K3.2.1	The level of the cholesterol (mmol/l) most recently measured <<mmol/l>> _____	↓K3.2.2
K3.2.2	The date when the level of the cholesterol was most recently measured (dd/mm/year) _____	↓K3.2.2.1
K3.2.2.1	The value has been: measured by the datacollector 1 recorded according to the database of a medical facility 2 recorded as told by the gene donor 3	<input type="checkbox"/> ↓K3.2.3
K3.2.3	The level of the HDL-cholesterol most recently measured <<mmol/l>> _____	↓K3.2.4
K3.2.4	Date of the measurement (dd/mm/year)	↓K3.2.4.1
K3.2.4.1	The value has been: measured by the datacollector 1 recorded according to the database of a medical facility 2 recorded as told by the gene donor 3	<input type="checkbox"/> ↓K3.2.5

K3.2.5	The level of the LDL-cholesterol most recently measured	<input type="text"/>	↓K3.2.6
K3.2.6	Date of the measurement (dd/mm/year)		↓K3.2.6.1
K3.2.6.1	The value has been: measured by the datacollector 1 recorded according to the database of a medical facility 2 recorded as told by the gene donor 3	<input type="checkbox"/>	↓K3.2.7
K3.2.7	The level of the triglycerides most recently measured <<mmol/l>>	<input type="text"/>	↓K3.2.8
K3.2.8	Date of the measurement (dd/mm/year)		↓K3.2.8.1
K3.2.8.1	The value has been: measured by the datacollector 1 recorded according to the database of a medical facility 2 recorded as told by the gene donor 3	<input type="checkbox"/>	↓K3.3
K3.3	Have you been measured the level of bloodsugar? Yes 1 No 2	<input type="checkbox"/>	↓K3.3.1 ↓K3.4
K3.3.1	The level of the bloodsugar of the empty stomach (having not eaten 12 hours before performing the measurement) most recently measured <<mmol/l>>	<input type="text"/>	↓K3.3.2
K3.3.2	Date of the measurement (dd/mm/year)		↓K3.3.2.1
K3.3.2.1	The value has been: measured by the datacollector 1 recorded according to the database of a medical facility 2 recorded as told by the gene donor 3	<input type="checkbox"/>	↓K3.3.3
K3.3.3	The level of the bloodsugar (mmol/l) measured in regular eating conditions (having not eaten 2 hours before the measurement) <<mmol/l>>	<input type="text"/>	↓K3.3.4
K3.3.4	Date of the measurement		↓K3.3.4.1
K3.3.4.1	The value has been: measured by the datacollector 1 recorded according to the database of a medical facility 2 recorded as told by the gene donor 3	<input type="checkbox"/>	↓K3.4
K3.4	Have you been measured the level of creatinine? Yes 1 No 2	<input type="checkbox"/>	↓K3.4.1 ↓K4.1
K3.4.1	The level of the creatinine most recently measured <<micromol/l>>	<input type="text"/>	↓K3.4.2
K3.4.2	Date of the last measurement (dd/mm/year)		↓K3.4.2.1
K3.4.2.1	The value has been: measured by the datacollector 1 recorded according to the database of a medical facility 2 recorded as told by the gene donor 3	<input type="checkbox"/>	↓K4

K4	Additional Psychiatry module - completed only by Psychiatry Clinic datacollectors	
K4.1	Do you want to complete MINI neuropsychiatry interview? Yes 1 <input type="checkbox"/> No 2 <input type="checkbox"/>	↓K4.2
K4.2	Do you want to complete SSP interview? Yes 1 <input type="checkbox"/> No 2 <input type="checkbox"/>	↓K4.2.1 ↓L1
L	Additional questions	
L1	Which medications do you use regularly (which have not been discussed earlier)? <i>[The names of the medications are chosen from the list of medications of the ATC classification]</i> _____	↓L2
L2	Are there any medications, the consumption of which has caused you any side effects? <i>[The names of the medications are chosen from the list of medications of ATC classification given]</i> _____	↓L2.1/ if 0 ↓L3.1
L2.1	Which were the symptoms caused by the <medication>? <i>[The symptoms are put in on the basis of the symptoms listed in the classification (RHK) given]</i> _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	↓L3.1
L3	The symptoms which have occurred in the last four weeks	
L3.1	Symptoms, which have occurred in the last four weeks and which have not been discussed earlier <i>[The symptoms are chosen from the symptoms listed in sections R00-R99 (named conditions,</i> _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	↓L4
L4	Have you been performed surgical operations in connection with any diseases? <i>[This section comes up in case the diseases discussed under question K1 are mentioned]</i> _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	↓L5
L5	Who is your general practitioner? <i>[The name is chosen from special classification]</i> _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	↓M.1
M	The diseases your parents and grandparents have had	
M1	Have your mother or her parents been diagnosed with the following diseases? <i>[This section comes up in case the diseases discussed under question K1 are mentioned]</i> _____ <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"/> _____ <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"/>	↓M2
M2	Which are the other diseases your mother and her parents have been diagnosed with? <i>[The names of the diseases are chosen from the list of diseases of the classification given (RHK)]</i> _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	↓M3
M3	Has your father or his parents been diagnosed with any of the following diseases? <i>[This section comes up in case the diseases discussed under question K1 are mentioned]</i> _____ <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"/> _____ <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"/>	↓M4

M4	<p>Which are the diseases your father and his parents have been diagnosed with? <i>[The names of the diseases are chosen from the diseases listed in the classification given (RHK)]</i></p> <p>_____</p>		↓N1																		
N	Objective data																				
N1	<p>How tall are you? <<Has to be measured>></p> <p>_____</p> <p>Height (cm)</p>		↓N2																		
N2	<p>How much do you weight? <<Has to be measured>></p> <p>_____</p> <p>Weight (kg)</p>		↓N3																		
N3	<p>What is your waist measurement? <<Has to be measured>></p> <p>_____</p> <p>Circumference (cm)</p>		↓N4																		
N4	<p>What is your hip measurement? <<Has to be measured>></p> <p>_____</p> <p>Circumference (cm)</p>		↓N5																		
N5	<p>What colour is your hair (naturally)?</p> <table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 60%;">Blond</td><td style="width: 10%; text-align: center;">1</td><td style="width: 30%;"></td></tr> <tr><td>Brown</td><td style="text-align: center;">2</td><td style="text-align: right;"></td></tr> <tr><td>Black</td><td style="text-align: center;">3</td><td></td></tr> <tr><td>Red</td><td style="text-align: center;">4</td><td></td></tr> <tr><td>Albino</td><td style="text-align: center;">5</td><td></td></tr> <tr><td>Other</td><td style="text-align: center;">6</td><td style="text-align: right;">_____</td></tr> </table>	Blond	1		Brown	2		Black	3		Red	4		Albino	5		Other	6	_____		↓N6
Blond	1																				
Brown	2																				
Black	3																				
Red	4																				
Albino	5																				
Other	6	_____																			
N6	<p>What colour are your eyes?</p> <table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 60%;">Grey</td><td style="width: 10%; text-align: center;">1</td><td style="width: 30%;"></td></tr> <tr><td>Blue</td><td style="text-align: center;">2</td><td style="text-align: right;"></td></tr> <tr><td>Brown</td><td style="text-align: center;">3</td><td></td></tr> <tr><td>Green</td><td style="text-align: center;">4</td><td></td></tr> <tr><td>Albino</td><td style="text-align: center;">5</td><td></td></tr> <tr><td>Other</td><td style="text-align: center;">6</td><td style="text-align: right;">_____</td></tr> </table>	Grey	1		Blue	2		Brown	3		Green	4		Albino	5		Other	6	_____		↓N7
Grey	1																				
Blue	2																				
Brown	3																				
Green	4																				
Albino	5																				
Other	6	_____																			
N7	<p>Are you by birth left-, right- or both-handed?</p> <table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 60%;">Left-handed</td><td style="width: 10%; text-align: center;">1</td><td style="width: 30%;"></td></tr> <tr><td>Right-handed</td><td style="text-align: center;">2</td><td style="text-align: right;"></td></tr> <tr><td>Both-handed</td><td style="text-align: center;">3</td><td></td></tr> </table>	Left-handed	1		Right-handed	2		Both-handed	3			↓N8									
Left-handed	1																				
Right-handed	2																				
Both-handed	3																				
N8	Your blood pressure rate		↓N8.1																		
N8.1	<p>Systol pressure (mm/Hg) <<Has to be measured>></p> <p>_____</p>		↓N8.2																		
N8.2	<p>Diastol pressure (mm/Hg) <<Has to be measured>></p> <p>_____</p>		↓N9																		
N9	<p>Your heart rate <<Has to be measured>></p> <p>Heart rate (in 15 seconds)</p>		↓X.1																		
X	Summary																				
X.1	<p>Estonian Genome Project questionnaire:</p> <table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 60%;">was given back to the gene donor</td><td style="width: 10%; text-align: center;">1</td><td style="width: 30%;"></td></tr> <tr><td>was destroyed by the datacollector</td><td style="text-align: center;">2</td><td style="text-align: right;"></td></tr> <tr><td>was sent to Estonian Genome Project for destruction</td><td style="text-align: center;">3</td><td></td></tr> </table>	was given back to the gene donor	1		was destroyed by the datacollector	2		was sent to Estonian Genome Project for destruction	3			↓X.2									
was given back to the gene donor	1																				
was destroyed by the datacollector	2																				
was sent to Estonian Genome Project for destruction	3																				

