



**KLINIKUM**  
DER UNIVERSITÄT MÜNCHEN

ARBEITSGRUPPE ARBEITS- UND  
UMWELTEPIDEMIOLOGIE & NET TEACHING  
*LEITUNG: PROF. DR. KATJA RADON, MSc*

INSTITUT UND POLIKLINIK FÜR  
ARBEITS-, SOZIAL- U. UMWELTMEDIZIN  
*DIREKTOR: PROF. DR. MED. DENNIS NOWAK*

CAMPUS INNENSTADT



# Study Questionnaire

Study ID: \_\_\_\_\_

# GENERAL INFORMATION

First, we would like to ask you for some general information about yourself.

## 1 What is your birth date?

|\_|\_|\_|.|\_|\_|\_||.19|\_|\_|\_|  
Day Month Year

## 2 Which is your highest level of schooling?

- Primary/secondary modern school qualification .....
- High-school diploma .....
- University of applied sciences entrance qualification ....
- A levels .....
- Technical diploma.....
- Other,.....
- Please specify \_\_\_\_\_

## 3 Which is your highest vocational qualification?

- Professional school/vocational school.....
- Apprenticeship .....
- College/University .....
- No degree.....

Other, .....

Please specify:

---

**4 Which is your current occupation?**

Working full-time .....

Working part-time .....

Retired.....

Housewife .....

Job-seeking .....

Other, .....

Please specify:

---

# OCCUPATIONAL HISTORY

We would now like to ask you about **all the professional activities** that you have had so far. By profession, we mean the activity with which you have spent most of your time. Please consider all activities that you have performed **for at least 12 months**. Please start with your current or last performed professional activity.

## 5 First (=current/last) activity

5.1 Start date: |\_|\_|\_|\_|/|\_|\_|  
Year Month

End date: |\_|\_|\_|\_|/|\_|\_|  
Year Month

*(if your are still working in this job, please indicate the current date)*

5.2 What is the name of the institution/company?

---

5.3 Which task do/did you perform?

---

5.4 Did you work full-time, part-time or occasionally in this job?

Full-time (100%)

Part-time (e.g., 75 or 50%)

Occasionally (less than 50%)

**5.5 Can you remember contact with asbestos or asbestos-containing products / work equipment during this activity?**

No .....

Yes .....

## 6 Second activity

6.1 Start date: |\_|\_|\_|\_|\_|/|\_|\_|\_|  
Year Month

End date: |\_|\_|\_|\_|\_|/|\_|\_|\_|  
Year Month

6.2 What was the name of the institution/company?

---

6.3 Which task do/did you perform?

---

6.4 Did you work full-time, part-time or occasionally in this job?

Full-time (100%)

Part-time (e.g., 75 or 50%)

Occasionally (less than 50%)

6.5 Can you remember contact with asbestos or asbestos-containing products / work equipment during this activity?

No .....

Yes .....

## 7 Third activity

7.1 Start date: |\_|\_|\_|\_|\_|/|\_|\_|\_|  
Year Month

End date: |\_|\_|\_|\_|\_|/|\_|\_|\_|  
Year Month

7.2 What was the name of the institution/company?

---

7.3 Which task do/did you perform?

---

7.4 Did you work full-time, part-time or occasionally in this job?

Full-time (100%)

Part-time (e.g., 75 or 50%)

Occasionally (less than 50%)

7.5 Can you remember contact with asbestos or asbestos-containing products / work equipment during this activity?

No .....

Yes .....

## 8 Fourth activity

8.1 Start date: |\_|\_|\_|\_|\_|/|\_|\_|\_|  
Year Month

End date: |\_|\_|\_|\_|\_|/|\_|\_|\_|  
Year Month

8.2 What was the name of the institution/company?

---

8.3 Which task do/did you perform?

---

8.4 Did you work full-time, part-time or occasionally in this job?

Full-time (100%)

Part-time (e.g., 75 or 50%)

Occasionally (less than 50%)

8.5 Can you remember contact with asbestos or asbestos-containing products / work equipment during this activity?

No .....

Yes .....



**9 Fifth activity**

9.1 Start date: |\_|\_|\_|\_|\_|/|\_|\_|\_|  
Year Month

End date: |\_|\_|\_|\_|\_|/|\_|\_|\_|  
Year Month

9.2 What was the name of the institution/company?

---

9.3 Which task do/did you perform?

---

9.4 Did you work full-time, part-time or occasionally in this job?

Full-time (100%)

Part-time (e.g., 75 or 50%)

Occasionally (less than 50%)

9.5 Can you remember contact with asbestos or asbestos-containing products / work equipment during this activity?

No .....

Yes .....

# HEALTH

Now we would like to ask you about your health. If you are not sure about any of the questions, please answer "No".

**10 Have you ever been diagnosed with ovarian cancer?**

No .....

Yes .....

If yes, when was it first detected?

|\_|\_|\_|\_| Year

**11 Have you ever been diagnosed with another type of cancer?**

No .....

Yes .....

If yes, which type of cancer?

---

If yes, when was it first detected?

|\_|\_|\_|\_| Year

**12 Has your family (that is, your parents or siblings) ever been diagnosed with cancer?**

**If so, who was affected, what type of cancer was it, and when was it diagnosed?**

Mother.....  (Type:\_\_\_\_\_ ; Year of diagnosis:\_\_\_\_\_)

Father..... (Type:\_\_\_\_\_ ; Year of diagnosis:\_\_\_\_\_)

Sibling 1..... (Type:\_\_\_\_\_ ; Year of diagnosis:\_\_\_\_\_)

Sibling 2..... (Type:\_\_\_\_\_ ; Year of diagnosis:\_\_\_\_\_)

Sibling 3..... (Type:\_\_\_\_\_ ; Year of diagnosis:\_\_\_\_\_)

Sibling 4..... (Type:\_\_\_\_\_ ; Year of diagnosis:\_\_\_\_\_)

**13 Have you ever been diagnosed with gynaecological disease (such as endometriosis, inflammation of the fallopian tubes, polycystic ovarian syndrome)?**

No .....

Yes .....

If yes, which type of disease?

---

When was it detected?

|\_|\_|\_|\_| year

**14 Have you ever undergone abdominal surgery (such as surgical removal or fallopian tube obstruction)?**

No .....

Yes .....

If yes, which type of surgery?

---

When was the surgery performed?

|\_|\_|\_|\_| Year

# LIFESTYLE

**15 Which statement regarding your physical activity is true for you in the past?**

I had a sedentary job and was not active.....

I was active 3 times a week for 20 min over a period of 10 years.....

I did sports every week for at least 3 times a week for 30 minutes  
over a period of 10 or more years .....

**16 Have you ever smoked for a year?**

"Yes" means at least 20 packs of cigarettes or 360g of tobacco in your life or one year a day or a cigar a week

No.....

Yes.....

**17 Have you ever regularly (i.e., at least once a month) used cosmetic powder (talcum powder) in the genital area (for example on sanitary towels, tampons, etc.)?**

No.....

Yes.....

**17.1 If yes, from when to when did you use cosmetic powder in the genital area?**

From: |\_|\_|\_|\_| to: |\_|\_|\_|\_|  
Year Year

**18 Have you ever regularly (i.e., once a month) used cosmetic powder (talcum powder) outside the genital area (for example, when powdering your baby or on your own feet or arms or face)?**

No.....

Yes.....

**18.1 If yes, from when to when did you use cosmetic powder outside the genital area?**

From: |\_|\_|\_|\_| to: |\_|\_|\_|\_|  
Year Year

**19 Have you ever received hormone replacement therapy?**

No.....

Yes.....

**19.1 If yes, from when to when did you receive hormone replacement therapy?**

From: |\_|\_|\_|\_| to: |\_|\_|\_|\_|  
Year Year

**20 Have you ever taken the "pill" (oral contraceptives)?**

No.....

Yes.....

**20.1** If so, how many years did you take the "pill" altogether?

\_\_\_\_\_ years

**21** At what age did you get your first menstrual period?

Age: |\_|\_| years

**22** At what age did you get your last menstrual period?

Age: |\_|\_| years

**23** Did you have any pregnancies (including aborted pregnancies and miscarriages)?

No.....

Yes.....

**23.1** If yes, how many pregnancies did you have?

\_\_\_\_\_ pregnancies

**23.2** In which year were your children born?

First child: |\_|\_|\_|\_| Year

Second child: |\_|\_|\_|\_| Year

Third child: |\_|\_|\_|\_| Year

Fourth child: |\_|\_|\_|\_| Year

Fifth child: |\_|\_|\_|\_| Year

23.3 Have you breastfed your children?

No.....

Yes.....

23.4. If yes, how many years have you breastfed in total?

\_\_\_\_\_ Year

**Thank you very much for your participation!**

Do you have comments on this questionnaire? We are grateful for suggestions!

---

---

---

---