



Mushrooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cheese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fat free milk <sup>a</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other milk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soured-milk products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sausages <sup>a</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Beef <sup>a</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pork <sup>a</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chicken or turkey <sup>a</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lamb <sup>a</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Salmon, rainbow trout or tuna <sup>a</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other fish <sup>a</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eggs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<sup>a</sup> Items used in the diet score. [4]

54 (54) Has a doctor ever said, that you have or had had any of the following conditions (Indicate even, if your answer is no):

	No	Yes
Long-term bronchitis or bronchiectasis	<input type="checkbox"/>	<input type="checkbox"/>
Lung asthma	<input type="checkbox"/>	<input type="checkbox"/>
Allergic rhinitis e.g. hay fever	<input type="checkbox"/>	<input type="checkbox"/>
High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>
Hypertension	<input type="checkbox"/>	<input type="checkbox"/>
High cholesterol	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Myocardial infarction or coronary thrombosis	<input type="checkbox"/>	<input type="checkbox"/>
Angina pectoris, i.e. chest pain caused by coronary artery disease	<input type="checkbox"/>	<input type="checkbox"/>
Atrial fibrillation or atrial flutter	<input type="checkbox"/>	<input type="checkbox"/>
Stroke	<input type="checkbox"/>	<input type="checkbox"/>
Other cerebrovascular accident	<input type="checkbox"/>	<input type="checkbox"/>
Peptic ulcer	<input type="checkbox"/>	<input type="checkbox"/>
Celiac disease	<input type="checkbox"/>	<input type="checkbox"/>
Liver disease	<input type="checkbox"/>	<input type="checkbox"/>
Kidney disease	<input type="checkbox"/>	<input type="checkbox"/>
Rheumatoid arthritis	<input type="checkbox"/>	<input type="checkbox"/>
Arthrosis	<input type="checkbox"/>	<input type="checkbox"/>
Sciatica	<input type="checkbox"/>	<input type="checkbox"/>
Fibromyalgia	<input type="checkbox"/>	<input type="checkbox"/>
Cataract or glaucoma	<input type="checkbox"/>	<input type="checkbox"/>
Migraine	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>
Brain injury	<input type="checkbox"/>	<input type="checkbox"/>
Meningitis or encephalitis	<input type="checkbox"/>	<input type="checkbox"/>
Other cerebral disease of neurological disease	<input type="checkbox"/>	<input type="checkbox"/>
Depression	<input type="checkbox"/>	<input type="checkbox"/>
Panic disorder	<input type="checkbox"/>	<input type="checkbox"/>
Eating disorder	<input type="checkbox"/>	<input type="checkbox"/>
Other mental disorder	<input type="checkbox"/>	<input type="checkbox"/>
Malignant tumor	<input type="checkbox"/>	<input type="checkbox"/>
Other chronic or severe disease, which?	<input type="checkbox"/>	<input type="checkbox"/>

72 (72) How many cigarettes on average do you currently smoke daily? [1]

- |   |   |
|---|---|
| <input type="checkbox"/> None                   | <input type="checkbox"/> 15–19 cigarettes   |
| <input type="checkbox"/> Less than 5 cigarettes | <input type="checkbox"/> 20–24 cigarettes   |
| <input type="checkbox"/> 5–9 cigarettes         | <input type="checkbox"/> 25–40 cigarettes   |
| <input type="checkbox"/> 10–14 cigarettes       | <input type="checkbox"/> over 40 cigarettes |

How much do you drink the following alcoholic beverages on average? [5]

- |                        |   |  |
|------------------------|---|--|
| 78 (80) Beer IN A WEEK | <input type="checkbox"/> Not at all                   | <input type="checkbox"/> 13–24 bottles   |
|                        | <input type="checkbox"/> Less than one bottle (0.33l) | <input type="checkbox"/> 25–47 bottles   |
|                        | <input type="checkbox"/> 1–4 bottles                  | <input type="checkbox"/> Over 48 bottles |
|                        | <input type="checkbox"/> 5–12 bottles                 |  |

- |   |  |  |
|---|--|--|
| 79 (81) Wine or other equivalent mild alcoholic beverages IN A WEEK | <input type="checkbox"/> Not at all        | <input type="checkbox"/> 3–4.5 bottles   |
|   | <input type="checkbox"/> Less than a glass | <input type="checkbox"/> 5–9 bottles     |
|   | <input type="checkbox"/> 1–4 glasses       | <input type="checkbox"/> Over 10 bottles |
|   | <input type="checkbox"/> 1–2.5 bottles     |  |

- |                            |   |  |
|----------------------------|---|--|
| 80 (83) Spirits IN A MONTH | <input type="checkbox"/> Not at all                     | <input type="checkbox"/> 4–9 bottles     |
|                            | <input type="checkbox"/> Less than half a bottle (0.5l) | <input type="checkbox"/> 10–19 bottles   |
|                            | <input type="checkbox"/> 0.5–1.5 bottles                | <input type="checkbox"/> Over 20 bottles |
|                            | <input type="checkbox"/> 2–3.5 bottles                  |  |

98 (102) Do you feel that your life at present is [6]

- Very interesting
- Fairly interesting
- Cannot say
- Fairly boring
- Very boring

99 (103) Do you feel that your life at present is [6]

- Very happy
- Fairly Happy
- Cannot say
- Fairly unhappy
- Very unhappy

100 (104) Do you feel that your life at present is [6]

- Very easy
- Fairly easy
- Cannot say
- Fairly hard
- Very hard

101 (105) Do you feel that at the present moment you are [6]

- Very lonely
- Fairly lonely
- Not at all lonely
- Cannot say

Note that as in earlier publications [6] the item of loneliness is a four level item but was stretched over a scale of 1–5 excluding value 2 to have the same range as the other responses. In addition, the item was reversed having the same direction of positive outcome i.e. not being lonely as the other items.

## References:

1. Paljärvi T. Subjective measures of binge drinking and adverse health outcomes. University of Helsinki; 2014.
2. Fransson EI, Heikkilä K, Nyberg ST, Zins M, Westerlund H, Westerholm P, et al. Job strain as a risk factor for leisure-time physical inactivity: An individual-participant meta-analysis of up to 170,000 men and women. *Am J Epidemiol.* 2012;176:1078–89.
3. Virtanen P, Vahtera J, Broms U, Sillanmäki L, Kivimäki M, Koskenvuo M. Employment trajectory as determinant of change in health-related lifestyle: the prospective HeSSup study. *Eur J Public Health.* 2008;18:504–8.
4. Lagström H, Halonen JJ, Kawachi I, Stenholm S, Pentti J, Suominen S, et al. Neighborhood socioeconomic status and adherence to dietary recommendations among Finnish adults: A retrospective follow-up study. *Health Place.* 2019;55:43–50.
5. Paljärvi T, Mäkelä P, Poikolainen K, Suominen S, Car J, Koskenvuo M. Subjective measures of binge drinking and alcohol-specific adverse health outcomes: A prospective cohort study. *Addiction.* 2012;107:323–30.
6. Koivumaa-Honkanen H, Honkanen R, Viinamäki H, Heikkilä K, Kaprio J, Koskenvuo M. Self-reported Life Satisfaction and 20-Year Mortality in Healthy Finnish Adults. 2000.