| UMU_pos_20mm | The Biobank Research UnitUmeå University |
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## List of variables - Mammography questionnaire

**Title of the project:**

**Name of the researcher:**

**Email to the researcher:**

**Mobile number to send password when deliver data:**

**Reference number and short name (filled in by EBF):**

***Please check the boxes for selected file format***

|  |  |
| --- | --- |
| Delivery file format | [ ]  SAS |
| [ ]  Excel |
| [ ]  Other format, please contact Åsa Ågren (asa.agren@umu.se) when this form is submitted. |

***Please check the boxes for selected variables***

|  |  |  |
| --- | --- | --- |
| Grouping | Variable name | Categorization |
| Id-variables | id | Id for each individual in the mammography cohort |
| Background-variables | [ ]  sample\_date | Date of sampling(year month day) |
| [ ]  madat\* | Date of questionnare(year month day) |
| [ ]  langd | Self-reported height  |
| [ ]  vikt | Self-reported weight |
| [ ]  age | Age at sample\_date |
| Smoking - and snuffvariables |
|  | [ ]  sm\_yes\_no | Smoker(from consent form in conjunction with sampling)0 = Non-smoker/no answer1 = Smoker |
| [ ]  sn\_yes\_no | Snuffer(from consent form in conjunction with sampling)0 = Non-snuffer/no answer1 = Snuffer |
| Variables from questionnaire |
|  | [ ]  cancer i släkten | **ma\_V1\_1** Has anyone in your family had breast cancer?1 = Yes **ma\_V1\_1VEM***Who in your family has had breast cancer (specify relationship)?***ma\_V1\_2**Has anyone in your family had gynacological cancer?1 = Yes**ma\_V1\_2AC** Has anyone in your family had ovarian cancer?1 = Yes**ma\_V1\_2ACV***Who in your family has had ovarian cancer (specify relationship)?***ma\_V1\_2LC**Has anyone in your family had uterus cancer?1 = Yes**ma\_V1\_2LCV***Who in your family has had uterus cancer (specify relationship)?***ma\_V1\_3**Has anyone in your family had stomach cancer?1 = Yes**ma\_V1\_3VEM***Who in your family has had stomach cancer (specify relationship)?***ma\_V1\_4**Has anyone in your family had intestinal cancer?1 = Yes**ma\_V1\_4VEM***Who in your family has had intestinal cancer (specify relationship)?***ma\_V1\_5**Has anyone in your family had any other type of cancer?1 = Yes**ma\_V1\_5typ***What kind of other cancer?***ma\_V1\_5VEM***Who in your family has had other type of cancer (specify relationship)?* |
|  | [ ]  ma\_V2 | Age at menarche?Age in years |
| [ ]  ma\_V3 | Menstruation has ceased:0 = No1 = Yes |
| [ ]  ma\_V4 | *Date/year of last menstruation* |
| [ ]  ma\_V5 | *Number of pregnancies* |
| [ ]  ma\_V5\_F | *Year of first prengancy* |
| [ ]  ma\_V5\_S | *Year of last prengancy* |
| [ ]  ma\_V6 | *Number of deliveries* |
| [ ]  ma\_V6\_F | *Year of first delivery* |
| [ ]  ma\_V6\_S | *Year of last delivery* |
| [ ]  ma\_V7 | Have you ever used oral contraceptives?0 = No1 = Yes |
| [ ]  ma\_V8 | For how long have you been using contraceptives?Use for number of years |
| [ ]  ma\_V9 | How old were you the first time you used oral contraceptives?Age in years |
| [ ]  ma\_V10 | Have you ever been recommended to stop using oral contraceptives by a physician?0 = No1 = Yes |
| [ ]  ma\_V11 | Has your menstruation ever ceased for more than 6 months (apart from breastfeeding/pregnancy)?0 = No1 = Yes |
| [ ]  ma\_V12 | For how many months did your menstruation cease?Number of months |
| [ ]  ma\_V13\_1 | Menstruation ceased due to food refusal:1 = Yes |
| [ ]  ma\_V13\_2 | Menstruation ceased due to dieting:1 = Yes |
| [ ]  ma\_V13\_3 | Menstruation ceased due to physical training:1 = Yes |
| [ ]  ma\_V13\_4 | Menstruation ceased naturally:1 = Yes |
| [ ]  ma\_V13\_5 | Menstruation ceased due to surgery:1 = Yes |
| [ ]  ma\_V13\_5AB | Menstruation ceased due to ovarectomy:1 = Yes |
| [ ]  ma\_V13\_5LB | Menstruation ceased due to hysterectomy:1 = Yes |
| [ ]  ma\_V13\_5LA | Menstruation ceased due to endometrial and ovarian surgery:1 = Yes |
| [ ]  ma\_V13\_6 | Menstruation ceased due to other reason:1 = Yes |
| [ ]  ma\_V13\_6v | Menstruation ceased due to other reason, specify: |
| [ ]  ma\_V13\_7 | Menstruation ceased due to do not know why:1 = Yes |
| [ ]  ma\_V14 | *Have you reached menopause?*0 = No1 = Yes |
| [ ]  ma\_V14\_JAA | *Age when reached menopause?*Age in years |
| [ ]  ma\_V15 | *Are you currently using or have you in the past been using menopausal hormones for menopausal symptoms?*0 = No1 = Yes 2 = Do not know |
| [ ]  ma\_V16 | *How old were you the first time you took hormones for menopausal symptoms?*Age in years |
| [ ]  ma\_v17 | *For how long, in total, have you been* *using hormones for menopausal symptoms?*Time in months |
| [ ]  ma\_V18 | *Have you been using estrogen (tablets or locally) for dry mucous membranes?*0 = No1 = Yes  |
| [ ]  ma\_V18\_JAM | *For how long (if 'Yes' to Ma\_V18)?*Time in months |
| [ ]  ma\_V19\_1 | *How would you describe your general health during the last year?* 1 = Very good |
| [ ]  ma\_V19\_2 | *How would you describe your general health during the last year?*1 = Fairly good |
| [ ]  ma\_V19\_3 | *How would you describe your general health during the last year?*1 = Around average  |
| [ ]  ma\_V19\_4 | *How would you describe your general health during the last year?*1 = Fairly bad |
| [ ]  ma\_V19\_5 | *How would you describe your general health during the last year?*1 = Bad |
| [ ]  ma\_V19\_6 | *How would you describe your general health during the last year?*1 = Hospitalized |
| [ ]  ma\_V19\_6a | *Reason hospitalized* |
| [ ]  ma\_V19\_6AR | *Year when hospitalized* |
| [ ]  ma\_V19\_7 | *How would you describe your general health during the last year?*1 = Regular medical visits |
| [ ]  ma\_V19\_7a | *Reason to regular medical visits* |
| [ ]  ma\_V19\_8 | *How would you describe your general health during the last year?*1 = Abdominal surgery |
| [ ]  ma\_V19\_8a | *Reason to abdominal surgery* |
| [ ]  ma\_kommentar | *Comment field for the person entering the data into the database*  |
| [ ]  meno\_status\*\* | *Menopausal status*0 = Pre menopausal1 = Post menopausal2 = Peri menopausal3 = Menopausal status unknown |

 \* There might be differences between date of questionnaire (matdat) and date of sampling (sample\_date) because the participants sometimes filled out the questionnaire at a different time than at the actual sampling.

\*\* Please note that the meno\_status is only an estimate of the menopausal status that should be seen as a complement to the variables in the questionnaire and not as a given fact.