



Genetic, Environmental and Life-style Factors associated with Longevity in Castilla y León

HEALTH, LIFE-STYLE AND ENVIRONMENTAL QUESTIONNAIRE

Register number:	Name		
	Personal Code		
Laboratory label	Gender	Birth date	

UBF Code:

Health Centre:

GP

Nurse:

Sentinel	Collaborator
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Attended the appointment/visited: Yes. No.

Signed the consent form: Yes. No.

Took a biological sample: Yes. No.

Reason not to attend the appointment/not visited:

- Person not located.
- Person/relative refused to collaborate.
- Not called because physical impairment, terminal.
- Not called because mental advanced impairment.
- Dead.
- Other (specify).

- In this cases, sections A and B should be filled.

Questionnaire: Full questionnaire.
 Only section A and B.

Notes:

Red Centinela Sanitaria de Castilla y León
Dirección General de Salud Pública
Servicios Territoriales de Sanidad

Consejería de Sanidad
Junta de Castilla y León



A. PERSONAL DATA

1. Place of birth:
 - 1.1. City/village:.....
 - 1.2. Province:.....
 - 1.3. Country:.....

2. Place of residence:
 - At home with his/her family.
 - At home, alone.
 - Family home.
 - Nursing home. Year of admission: _____

3. Civil status:
 - Single.
 - Married/partner.
 - Widow.
 - 3.1.1. Year of widowhood: _____
 - Separated/divorced.
 - 3.1.2. Year of separation: _____

4. Caregiver:
 - Without caregiver.
 - Spouse.
 - Children.
 - Professional caregiver.
 - Nursing home.

B. GENERAL HELTH STATUS SCORE

5. BARTHEL index (current or in the six previous months): _____

6. Cognitive impairment:
 - No impairment.
 - Light.
 - Moderate.
 - Severe.

7. Chronic conditions:
 - 7.1.
 - 7.2.
 - 7.3.
 - 7.4.
 - 7.5.
 - 7.6.

8. History of Infectious diseases (TB, Typhoid fever, polio, brucellosis, children exanthematous diseases etc...)
 - 8.1.
 - 8.2.
 - 8.3.
 - 8.4.



- 8.5.
8.6.

9. Surgical interventions:

- 9.1.
9.2.
9.3.
9.4.
9.5.
9.6.

10. Pharmacological or support chronic treatments (e.g. oxygen):

- 10.1.
10.2.
10.3.
10.4.
10.5.
10.6.

11. Hospital admission last year:

- Yes. Not.

11.1. How many times: _____

C. SUBJECTIVE SELF-PERCEIVED HEALTH STATUS (or reported by the caregiver if necessary)

12. Interviewee:

- Person selected.
 Person selected and relative.
 Person selected and caregiver.
 Relative (specify): _____
 Caregiver.

13. In general, How do you consider your health status¹:

- Excellent.
 Very good.
 Good.
 Medium.
 Bad.

QUESTIONNAIRE EQ-5D-3L²

14. Mobility:

- I have no problems in walking about.
 I have some problems in walking about.
 I am confined to bed.

15. Self-Care:

- I have no problems with self-care.
 I have some problems washing or dressing myself.
 I am unable to wash or dress myself.

¹ Valoración de la persona. Si Not es posible, del familiar o del cuidador de acuerdo a la respuesta de la anterior pregunta

² <https://euroqol.org/eq-5d-instruments/eq-5d-3l-about/>



16. Everyday Activities (e.g. work, study, housework, family or leisure activities):

- I have no problems with performing my usual activities.
- I have some problems with performing my usual activities.
- I am unable to perform my usual activities.

17. Pain / Discomfort:

- I have no pain or discomfort.
- I have moderate pain or discomfort.
- I have extreme pain or discomfort.

18. Anxiety / Depression:

- I am not anxious or depressed/a.
- I am moderately anxious or depressed.
- I am extremely anxious or depressed.

19. Do you have any difficulty, even with glasses, with near vision (to sew, read the newspaper, journal or TV)?

- Yes. No. NA.

20. Do you have any difficulty, even with glasses, to recognize people in the street?

- Yes. No. NA.

21. In general, do you have any difficulty to hear?

- No. Some. Moderate. Severe.

22. Do you use hearing aid?

- Yes. No.

23. In general, how do you consider the quality of your night sleep?

- Very good. Good. Medium. Bad. Very bad. NA.

24. If the answer is bad or very bad, since when?

Years: _____ / Months: _____

25. In general, how do you consider your mouth health?

- Very good. Good. Medium. Bad. Very bad. NA.

26. Do you have difficulties to eat caused by your mouth problems?

- A lot. Quite a bit. Some. Neither. NA.

PHYSICAL EXAM:

27. Current weight: _____

28. How was your weight in your adult life?

- Similar.
- Fatter.
- Thinner.

29. Current height: _____



30. Current SBP/DBP: _____/ _____

31. Do you take or have taken antihypertensive drugs?

- Yes. Not.

(send the last lipid analysis).

ONLY FOR WOMEN:

32. Menarche age: _____

33. Menopause age: _____

34. Number of pregnancies: _____

34.1. Do you breast-feeding any of your children Yes. Not.

35. Have you suffered any spontaneous abortion?: _____

35.1. If yes. How many _____?:

D. WORK ACTIVITY, LIFESTYLE AND FOOD

WORK AND PHYSICAL EXERCISE

36. What was your usual profession or work activity or the one in which you spent the longest time?

.....

37. What type of exercise did your usual job or activity involve?

- Sitting most of the time.
 On your feet most of the day without great movements or efforts.
 Walking, carrying some weight, frequent movements.
 Heavy work, tasks that require great physical effort.

38. Are you satisfied with the work you did in your working life?

- Nothing.
 A little.
 Regular.
 Quite a bit.
 A lot.

39. Once retired, did you engage in any regular physical activity?

- No, none.
 Yes, walking, carrying some weight, frequent C.
 Yes, heavy work, tasks that require great physical effort.

40. What type of physical exercise did you do in his free time?

- I did not exercise. My free time was almost completely sedentary (reading, watching TV, going to the cinema, etc.).
 Some occasional physical or sports activity (walking or biking, gardening, light gymnastics, light-duty recreational activities, etc.).
 Regular physical activity, several times a month (tennis, running, swimming, cycling, team games, etc.).
 Physical training several times a week.

41. What type of physical exercise do you currently do in your free time?



- I do not do exercise. My free time is almost completely sedentary (reading, watching TV, going to the movies, etc.)
- Some occasional physical or sporting activity (walking, biking, gardening, light gymnastics, light-duty recreational activities, etc.)
- Regular physical activity several times a week.

TOBACCO

42. Did you smoke.

	Cigarettes	Cigars	Pipe
42.1 Daily.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42.2 Occasionally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42.3 Never.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

43. What type of tobacco and how much did you smoke each day?

43.1 Cigarettes: ____

43.2 Cigars: ____

43.3 Pipe: ____

44. . At what age did you start smoking?

	Cigarettes	Cigars	Pipe
Age in years:	_____	_____	_____

45. At what age did you quit smoking?

	Cigarettes	Cigars	Pipe
Age in years:	_____	_____	_____

ALCOHOL

46. How much alcohol did you usually drink?

- 46.1. Wine: Did you take wine with meals? Yes. Not.
- 46.2. How many glasses (10cl)?.....
- 46.3. Did you take wine outside meals?? Yes. Not.
- 46.3.1. How many glasses (10cl)?.....
- 46.4.. Beer: Did you drink beers every day? Yes. Not.
- 46.5. How many beers (33cl)?
- 46.6. Do you take beers on the weekend? Yes. Not.
- 46.6.1. How many beers (33cl)?
- 46.7. Drinks: Did you have a drink every day? Yes. Not.
- 46.8. How many glasses (4cl)?
- 46.9. Did you have a drink on the weekend? Yes Not.
- 46.9.1. How many glasses (4cl)?



FOOD

47. How often did you eat the following foods in a normal week?

	0 days	1-2 days	3-5 days	6-7 days
Fresh fruit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lean meat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fatty meats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
White fish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blue Fish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pasta, rice, potatoes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bread, cereals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Whole grains	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vegetable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legumes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sausages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Whole dairy (milk, cheese, yogurt)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Semi or skimmed dairy	<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"/>
Olive oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nuts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other fats (lard, butter, oils)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sugar (in coffee, tea, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Confectionery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sweets (cookies, jams.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

48. How many cups of coffee or tea did you normally drink per day? _____

49. Have you suffered any kind of deprivation throughout your life? (multiple answer).

	At childhood	At adulthood	At present
Living place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unemployment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



E. DEMOGRAPHICS

50. Where have you lived, for periods of more than one year, since your birth? (specify your province of residence, the time you have lived in it and the size of the municipality where you resided). List it in chronological order, from oldest to most current.

Main residence (province and country)	Duration (number of years)	Size *
1
2
3
4
5
6
7
8
9
10

* Size of the municipality of residence: indicate in the table the code that corresponds to the size:

1. MeNots of 1,000 inhabitants. 2. From 1,000 to 10,000 inhabitants. 3. From 10,000 to 50,000 inhabitants. 4. From 50,000 to 500,000 inhabitants. 5. More than 500,000 inhabitants.

51. What are your highest level of education?

- Primary education (school graduate) or 1st grade Vocational Training.
- Secondary education or 2nd grade Vocational Training.
- Diploma, Architecture or Technical Engineering.
- Bachelor, Architecture or Engineering.
- None.

52. What are the highest level of education of your children?

- Primary education (school graduate) or 1st grade Vocational Training.
- Secondary education or 2nd grade Vocational Training.
- Diploma, Architecture or Technical Engineering.
- Bachelor, Architecture or Engineering.
- None.

53. Pension you currently earn:

- None or non-contributory.
- Up to 1000 euros / month.
- From 1000 to 1500 euros / month.
- From 1500 to 2000 euros / month.
- More than 2000 euros / month.

54. Do you receive public social assistance support (social assistance, financial aid, etc.).

- Yes. No.



F. BACKGROUND AND FAMILY HISTORY

55. Number of children (adopted sons excluded):

56. Number of siblings (at least one biological father in common):

57. List of known diseases of parents, siblings and children?

	Father	Mother	Siblings (any)	Children (any)
1
2
3
4
5
6

58. Ages and causes of death.

	Relative	Place of birth * (province and country))	Current age	Age of death**	Cause of death ***
Parents	Father	.....		.....	.....
	Mother	.....		.....	.....
Grandparents	Maternal grandfather	.....		.....	.....
	Maternal grandmother	.....		.....	.....
	Paternal grandfather	.....		.....	.....
	Paternal grandmother	.....		.....	.....
Siblings	Sibling 1	.....	.....	.....	.....
	Sibling 2	.....	.....	.....	.....
	Sibling 3	.....	.....	.....	.....
	Sibling 4	.....	.....	.....	.....
Children	Children 1	.....	.....	.....	.....
	Children 2	.....	.....	.....	.....
	Children 3	.....	.....	.....	.....
	Children 4	.....	.....	.....	.....



Add more siblings or children below: :.....

* Refers to the origin of the family if the place of birth was 'temporary'.

** Measuring in intervals is possible (young, <65,> = 65> = 80).

*** (Accident, war, heart, cancer, thrombosis, old age ...).

59. Do you have any other living relative (uncle, cousin etc. of the same ancestors, not political), older than 90 years?

Yes. Not.

Completion date:/..... /.....

OBSERVATIONS:

Thanks for filling the questionnaire. Please, make a copy before sending to the Coordination Centre and include a copy of the consent form and the last available biological sample analysis and urine test.