

QUESTIONNAIRE

Instruction: Please write down or circle the most appropriate response.

What is your year of birth?

What is your gender? Male
 Female

Write your height and weight, please.....cm.....kg

What is your highest level of education? Elementary
 High school
 College/University

What is your occupation? Employee - please specify.....
 Self-employed
 Disability pension
 Old-age pension
 Unemployed - please specify how long
 Student
 Other - please specify.....

What is your marital status? Single
 Married
 Divorced
 Widowed
 Other - please specify.....

Please list the diseases you are being treated for:

.....
.....
.....

Please list the medicines you are taking:

.....
.....
.....

Do you have coronary artery disease (a narrowing or blockage of the coronary arteries usually caused by atherosclerosis)? Have you had a heart attack? Have you suffered from angina pectoris?

Yes
No

Has there been a sudden cardiac death or an unexplained death at a young age in your family?

Yes - please specify in whom and at what age
No

Have you had any major life event in the last year (for example death of a loved one, increase in partner quarrels, divorce or separation, violence, major intrafamily conflict, major personal injury or illness, death or major illness of a close family member, a new family member, loss of job or retirement, higher indebtedness, marriage, change residence, extraordinary personal success, etc.)?

- Yes
- No

Do you feel stress at home (feeling irritable, filled with anxiety, or having sleeping difficulties as a result of conditions at home)?

- Never
- Sometimes
- Often
- Permanently

Do you feel stress at work (feeling irritable, filled with anxiety, or having sleeping difficulties as a result of conditions at work)?

- Never
- Sometimes
- Often
- Permanently

Do you feel financial stress?

- Never
- Sometimes
- Often
- Permanently

Do you smoke?

- Yes, I do
- No, I have never smoked
- No, I have stopped - please specify how long.....

How often do you sport? (30 minutes to sweat)

- Less than once a week
- Once or twice a week
- At least three times per week

How much of your free time do you spend in front of a TV or computer screen?

- Not at all
- Less than 1 hour a day
- Less than 2 hours a day
- More than 2 hours a day

Thank you for completing the questionnaire.