Viking Genes

Welcome Iama Test

Please confirm your details below to proceed. If you experience any issues please click on the original email link to pick up where you left off.

Identity Confirmation

Participant number (3xxxx)	30018
Date of birth (dd/mm/yyyy)	01/03/1979
Sex	Female

Continue >>

Please note, data is only saved when you continue to the next page. If you stop and restart the questionnaire, you are taken to the next page to be completed. The previous data is locked.

If you need any help please contact us at Viking@ed.ac.uk

Click here to view your consent form

Your Details

Full name (including middle names)	Iama Test
Maiden name	
Place of birth	Edinburgh
Are you adopted?	○ Yes ◉ No

Number of grandparents	**Hebrides**	○ 0 ○ 1 ◉ 2 ○ 3 ○ 4
Number of grandparents	**Orkney**	◉ 0 ○ 1 ○ 2 ○ 3 ○ 4
Number of grandparents	**Shetland**	◉ 0 ○ 1 ○ 2 ○ 3 ○ 4

Relationship Status

Which one of these best describes your current relationship?	Single
How many years have you been sharing a household with your current partner?	Not Applicable

Your Siblings

Number of full brothers	○ 0 ◉ 1 ○ 2 ○ 3 ○ 4 ○ 5+
Number of half brothers	◉ 0 ○ 1 ○ 2 ○ 3 ○ 4 ○ 5+
Number of adopted brothers	◉ 0 ○ 1 ○ 2 ○ 3 ○ 4 ○ 5+
Number of full sisters	○ 0 ○ 1 ◉ 2 ○ 3 ○ 4 ○ 5+
Number of half sisters	◉ 0 ○ 1 ○ 2 ○ 3 ○ 4 ○ 5+
Number of adopted sisters	◉ 0 ○ 1 ○ 2 ○ 3 ○ 4 ○ 5+

Lookup Address

Please enter your postcode | Find my Address

Your Address

Address 1	4 Anyroad
Address 2	
Address 3	
Town	EDINBURGH
Postcode	EH4 2XU

Your Country (Non UK Residents)

For non UK participants. Please enter your country of residence.

Country

Please note our return stamp on the saliva (spit) kit box will only pay for postage inside the UK. Therefore, the return postage will have to be organised by yourself. To help you estimate the likely cost, in Europe, the package counts as a Royal Mail large letter, £2.80.

Your GP Details

GP name or Practice name	Dr Smith
GP address	Greenbank Surgey
GP town	Edinburgh
GP postcode	EH4 2XU

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This section will help us to trace your ancestry.

Please ask for permission (where possible) from your family members before you give their personal details

Father's details

If you are unsure of an answer, please leave blank or enter a question mark "?" if prompted.

Father's first names	John
Father's last name	Test
Father's place of birth	

Dates can be full (22/05/1943) or partial (May 1943)

Father's date of birth	22/05/1943
What is/was your father's main occupation?	Not known
Other occupation(s)?	
Is your father still alive?	○ Yes ○ No ◉ Not known

If known, please enter your father's parents. Dates can be full (22/05/1943) or partial (May 1943).

Father's father's name	James Test
Father's father's place of birth	
Father's father's date of birth	22/05/1923

Use their maiden name if known.

Father's mother's name	Jean Smith
Father's mother's place of birth	
Father's mother's date of birth	June 1924

Mother's details

If you are unsure of an answer, please leave blank or enter a question mark "?" if prompted.

Mother's first names	Jane
Mother's last name	Doe
Mother's maiden name	Jones
Mother's place of birth	
Mother's date of birth	22/5/1953
Is your mother still alive?	(●) Yes ( ) No ( ) Not known

If known, please enter your mother's parents. Dates can be full (22/05/1943) or partial (May 1943).

Mother's father's name	William Jones
Mother's father's place of birth	
Mother's father's date of birth	1920

Use their maiden name if known.

Mother's mother's name	
Mother's mother's place of birth	
Mother's mother's date of birth	

Children

Do you have children?	(●) Yes ( ) No
How many children	2
Full name of first child	David Test
Year of Birth first child	1999
Sex of first child	(●) Male ( ) Female
Child adopted?	( ) Yes (●) No
Full name of second child	Agnes Test
Year of Birth second child	2001
Sex of second child	( ) Male (●) Female
Child adopted?	( ) Yes (●) No

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Your Family's Health

Have your father, mother, full brother(s) or full sister(s) been affected by any of these conditions?

	Father	Mother	Brother(s)	Sister(s)
Heart disease	☑	☐	☐	☐
Stroke or mini stroke	☐	☐	☐	☐
High blood pressure	☐	☑	☐	☐
Diabetes	☐	☐	☐	☐
Alzheimer's disease / Dementia	☐	☐	☐	☐
Parkinson's disease	☐	☐	☐	☐
Breast cancer	☐	☐	☐	☐
Bowel cancer	☐	☐	☐	☐
Lung cancer	☐	☐	☐	☐
Prostate cancer	☐		☐	
Bladder cancer	☐	☐	☐	☐
Leukaemia	☐	☐	☐	☐

Your Family's Health

Have your father, mother, full brother(s) or full sister(s) been affected by any of these conditions?

	Father	Mother	Brother(s)	Sister(s)
Gullet or oesophageal cancer	☐	☐	☐	☐
Stomach cancer	☐	☐	☐	☐
Other cancer	☑	☐	☐	☐
Hip fracture / broken hip	☐	☐	☐	☐
Osteoarthritis	☐	☐	☐	☐
Rheumatoid arthritis	☐	☐	☐	☐
Joint replacement (eg hip, knee)	☐	☐	☐	☐
Glaucoma	☐	☐	☐	☐
Asthma	☐	☐	☐	☐
COPD (inc chronic bronchitis & emphysema)	☐	☐	☐	☐
Multiple sclerosis	☐	☐	☐	☐
Inflammatory bowel disease (inc Crohn's disease & colitis)	☐	☐	☐	☐
Lactose intolerance	☐	☐	☐	☐
Osteoporosis	☐	☐	☐	☐

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Father's Age of Diagnosis

Please indicate your FATHER'S age of onset (when they were first diagnosed).
If not known exactly, please give your best estimate.

Heart disease
- ○ <30
- ○ 30-39
- ○ 40-49
- ◉ 50-59
- ○ 60-69
- ○ 70+

Other cancer
- ○ <30
- ○ 30-39
- ○ 40-49
- ○ 50-59
- ◉ 60-69
- ○ 70+

Mother's Age of Diagnosis

Please indicate your MOTHER'S age of onset (when they were first diagnosed).
If not known exactly, please give your best estimate.

High blood pressure
- ○ <30
- ◉ 30-39
- ○ 40-49
- ○ 50-59
- ○ 60-69
- ○ 70+

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About You (Height)

Enter either cm or feet / inches and the system will convert automatically.

Height (cm)	175
Feet	5
Inches	8

About You (Weight)

Enter either kg or Stones / Pounds and the system will convert automatically.

Weight (kg)	90.30
Stones	14
Pounds	3
Do you know your waist circumference?	(•) Yes ( ) No

If known enter either centimeters or Inches and the system will convert automatically.

Waist circumference (cm)	91
Waist circumference (Inches)	35

About You (Infant)

Were you a premature baby?	( ) Yes (•) No ( ) Not known
Were you breastfed as a baby?	( ) Yes (•) No ( ) Not known
Weight at birth known?	(•) Yes ( ) No

Enter the weight in kg or Pounds and Ounces and the system will convert automatically.

Weight at birth kg	6.80
Weight at birth lbs	15
Weight at birth oz	

About You (Other)

Dupuytren's contracture is a condition in which one or more fingers become permanently bent in a flexed position.

Do you have Dupuytren's contracture?	( ) Yes (•) No ( ) Not known
Are you left or right handed?	Right handed
Do you consider yourself to be? Select one from	Definitely an evening person

Your Health (Procedures)

Have you had any of these procedures, and if so how old were you?

	Yes	Age
Bypass or angioplasty of the legs	☐	
Amputation of part of leg or foot	☐	
Coronary (balloon) angioplasty or stent	☐	
Coronary heart bypass	☐	
Joint replacement (e.g. hip, knee)	☐	
Hysterectomy (womb removed)	☐	
Oophorectomy (ovary/ovaries removed)	☐	

Your Health Conditions (Cardiac)

Have you been told you had any of the following conditions, and if so how old were you?

	Yes	Age
Abnormal heart rhythm (arrhythmia or palpitations)	☐	
Angina	☐	
Heart attack	☐	
Heart failure	☐	
Other heart condition	☐	

Your Health Conditions (Cancer)

Have you been told you had any of the following conditions, and if so how old were you?

	Yes	Age
Bladder cancer	☐	
Breast cancer	☐	
Bowel cancer	☐	
Cervical cancer (neck of womb)	☐	
Endometrial cancer (lining of womb)	☐	
Gullet cancer	☐	
Leukaemia	☐	
Lung cancer	☐	
Other cancer	☐	
Stomach cancer	☐	

Your Health Conditions (Other)

Have you been told you had any of the following conditions, and if so how old were you?

	Yes	Age
Asthma	☑	30
Alzheimer's disease / Dementia	☐	
Coeliac disease	☐	
COPD (inc chronic bronchitis & emphysema)	☐	
Diabetes	☐	
Gout	☐	
High blood pressure	☐	
Hip fracture / broken hip	☐	
Inflammatory bowel disease (inc Crohn's disease & colitis)	☐	
Kidney disease	☐	
Lactose intolerance	☐	
Multiple sclerosis	☐	
Nut allergy	☐	
Osteoarthritis	☐	
Parkinson's disease	☐	
Pulmonary embolism or DVT	☐	
Rheumatoid arthritis	☐	
Stomach ulcer	☐	
Stroke or mini-stroke	☐	

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Your Health (Appetite)

Do you suffer from indigestion/heartburn?	Never
My appetite is	Good
When I eat	I feel full after eating most of the meal
I feel hungry	Some of the time

Your Health (Fatigue)

Has a health professional ever told you that you had either Chronic Fatigue Syndrome or Myalgic encephalomyelitis (M.E.)?	No
During the past 3 months, how much have you been bothered by feeling tired all the time or having low energy?	Not at all
Over the past two weeks, how often have you felt tired or had little energy?	Prefer not to answer
Has a health professional ever told you that you had depression?	No

Your Health (Pain or Discomfort in Chest)

Do you ever get pain or discomfort in your chest?	○ Yes ◉ No

Your Health (Pain or Discomfort in Calves)

Do you ever feel pain or discomfort in one or both calves while walking?	○ Yes ◉ No

Your Health (Breathing)

Have you ever had whistling or wheezing in your chest at any time, either now or in the past?	○ Yes ◉ No
In the last year did you ever wake up due to shortness of breath?	○ Yes ◉ No
In the last year did you ever wake up due to an attack of coughing?	○ Yes ◉ No
Do you have a cough or phlegm for 3 or more months of the year?	○ Yes ◉ No

Your Health (Fractures)

Have you ever suffered a fracture (broken bone)?	○ Yes ◉ No ○ Not known

Your Health (Periods)

Have you ever had a period?	◉ Yes ○ No
At what age did you start?	14
Are you still having periods?	Yes

Your Health (Contraceptive)

Have you ever taken the contraceptive pill or had contraceptive injections or implants?	◉ Yes ○ No
Are you currently taking the contraceptive pill or contraceptive injections or implants?	○ Yes ◉ No
For how many years in total were you taking the contraceptive pill or contraceptive injections or implants?	5

Your Health (HRT)

Have you ever used hormone replacement therapy (HRT)?	○ Yes ◉ No

Your Health (Pregnancies)

Have you ever been pregnant?	(●) Yes ( ) No
How many pregnancies have you had?	3
How many were live births?	2
How many were miscarriages?	1
How many were still births?	0
During any of your pregnancies did you have high blood pressure?	( ) Yes (●) No
During any of your pregnancies did you have diabetes?	( ) Yes (●) No

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Job Related Physical Activity

The first section is about your work. This includes paid jobs, farming, volunteer work, course work, and any other unpaid work that you did outside your home. Do NOT include unpaid work you might do around your home, like housework, gardening, general maintenance, and caring for your family. These are covered later.

Do you currently have a job or do any unpaid work outside your home? (●) Yes ( ) No

During the last **7 days** as part of your **Work.**

On how many days did you do VIGOROUS physical activities like heavy lifting, digging, heavy construction, or climbing up stairs?	2 Days
How much time did you usually spend on one of those days doing VIGOROUS physical activities AS PART OF YOUR WORK?	
Hours	0
Minutes	( ) 0 ( ) 15 (●) 30 ( ) 45
On how many days did you do MODERATE physical activities like carrying light loads?	2 Days
How much time did you usually spend on one of those days doing MODERATE physical activities AS PART OF YOUR WORK?	
Hours	0
Minutes	( ) 0 ( ) 15 (●) 30 ( ) 45
On how many days did you WALK for at least 10 minutes at a time?	5 Days
How much time did you usually spend on one of those days WALKING AS PART OF YOUR WORK?	
Hours	2
Minutes	( ) 0 ( ) 15 (●) 30 ( ) 45

Travel Physical Activity

During the last 7 days

On how many days did you travel in a motor vehicle like a bus, car, or ferry?	4 days
How much time did you usually spend on one of those days travelling in a bus, car, ferry or other kind of motor vehicle?	
Hours	2
Minutes	( ) 0 (●) 15 ( ) 30 ( ) 45
On how many days did you CYCLE for at least 10 minutes at a time to go from place to place?	3 Days
How much time did you usually spend on one of those days CYCLING from place to place?	
Hours	2
Minutes	( ) 0 ( ) 15 (●) 30 ( ) 45
On how many days did you WALK for at least 10 minutes at a time to go from place to place?	4 days
How much time did you usually spend on one of those days WALKING from place to place?	
Hours	2
Minutes	( ) 0 (●) 15 ( ) 30 ( ) 45

Garden / Housework / Maintenance Physical Activity

During the last 7 days

On how many days did you do VIGOROUS physical activities like heavy lifting, chopping wood, shovelling snow, or digging IN THE GARDEN? — No vigorous activity in garden

On how many days did you do MODERATE activities like carrying light loads, sweeping, washing windows, and raking IN THE GARDEN? — No moderate activity in garden

On how many days did you do MODERATE activities like carrying light loads, washing windows, scrubbing floors and sweeping IN YOUR HOME? — 3 Days

How much time did you usually spend on one of those days doing MODERATE physical activity IN YOUR HOME?

Hours 2 **Minutes** ○ 0 ○ 15 ◉ 30 ○ 45

Sport & Leisure Physical Activity

During the last 7 days in your LEISURE TIME

Not counting any walking you have already mentioned, on how many days did you WALK for at least 10 minutes at a time? — 5 Days

How much time did you usually spend on one of those days WALKING IN YOUR LEISURE TIME?

Hours 1 **Minutes** ◉ 0 ○ 15 ○ 30 ○ 45

On how many days did you do VIGOROUS physical activities like aerobics, running, football, fast cycling, or fast swimming? — 2 Days

How much time did you usually spend on one of those days doing VIGOROUS physical activity IN YOUR LEISURE TIME?

Hours 1 **Minutes** ◉ 0 ○ 15 ○ 30 ○ 45

On how many days did you do MODERATE physical activities like cycling or swimming at a steady pace, badminton or gentle keep-fit? — 1 Day

How much time did you usually spend on one of those days doing MODERATE physical activity IN YOUR LEISURE TIME?

Hours 1 **Minutes** ◉ 0 ○ 15 ○ 30 ○ 45

Time Spent Sitting

During the **Last 7 Days**, how much time did you usually spend **Sitting** on a **Week Day?**

Hours 12 **Minutes** ◉ 0 ○ 15 ○ 30 ○ 45

During the **Last 7 Days**, how much time did you usually spend **Sitting** on a **Weekend Day?**

Hours 10 **Minutes** ◉ 0 ○ 15 ○ 30 ○ 45

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Skin Type

What is your skin type? Combination

Did you ever have acne? ○ Yes ◉ No ○ Not known

BCG Vaccine

Have you had a tuberculosis BCG vaccination?

◉ Yes - upper arm
○ Yes – forearm
○ Yes – thigh
○ No
○ Not known

if yes, what age were you when you received your BCG vaccine? 12

Tick the boxes that best describe your BCG scar:

- None (or faint) ☑
- Lumpy ☐
- Raised ☐
- Sunken ☐
- Red ☐
- Circular ☑
- Itchy ☐
- Not known ☐

Sun Exposure

In warm weather do you wear short sleeves outside? ◉ Yes ○ No

Do you wear sun-screen? ◉ Yes ○ No ○ Sometimes

Do you get freckles on your face or arms? ○ Yes ◉ No

How does your skin react when exposed to strong sunshine when you don't use sunscreen? Goes red then tans

What happens to your exposed skin when you stay in strong summer sun for too long without sunscreen? Burns sometimes followed by peeling

To what degree do you turn brown? Light colour tan

Your Eye Colour

What colour are your eyes? ◉ Blue or grey ○ Green or hazel ○ Brown

Your Hair

What was your natural hair colour when you were 20 years old? Dark blonde or light brown

If under 20, please put your hair colour / texture now.

What was the texture of your hair at the age of 20?

◉ Straight
○ Wavy
○ Curly
○ Very curly/kinky
○ Other

Grey hair: has your hair changed colour as you get older? Some grey hairs

At what age did your hair change significantly to grey or white? 30-39

Do you have long hair? ◉ Yes ○ No

Do you have a monobrow? ○ Yes ◉ No ○ Not Applicable

General Questions About Your Lifestyle

Can you carry a tune (sing a song in tune)?	(●) Yes ( ) No
Can you sing back any note you just heard?	(●) Yes ( ) No
Do you have perfect pitch (the ability to name a note {e.g. A, C#} without comparing it to another or sing a given note without hearing it beforehand)?	(●) Yes ( ) No
Do you play a musical instrument?	(●) Yes ( ) No
Did you learn to play a musical instrument before the age of 8?	(●) Yes ( ) No
Do you have a good sense of direction?	(●) Yes ( ) No

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Wellbeing

Overall, how satisfied are you with your life nowadays?	7
Overall, how happy did you feel yesterday?	7
Overall, how anxious did you feel yesterday?	0 Not at all
Overall, to what extent do you feel the things you do in your life are worthwhile?	8
In uncertain times, you usually expect the best.	7
If something can go wrong for me, it will.	1
You are always optimistic about your future.	4
How do you see yourself: are you generally a person that is fully prepared to take risks or do you try to avoid taking risks?	3

Tobacco / Nicotine

Have you smoked tobacco regularly?	Yes, stopped more than 12 months ago
What age were you when you started smoking?	15
Cigarettes (per day)	20
Cigars (per day)	0
Pipe tobacco (per week (25g or 1oz packets))	0
Rolling tobacco (per week (25g or 1oz packets))	0
How long (in years) is it since you gave up smoking?	20
Does anyone in your household smoke in the house?	( ) Yes (●) No
Do you Vape?	( ) Yes (●) No

Alcohol

Have you ever drunk alcohol?	Yes, currently drink
On average, how often do you (or did you) drink alcohol?	3 or 4 days per week
During the past week, how many glasses of wine (including sparkling wine) have you had? There are 6 glasses in a standard 75cl bottle. (If none, please enter 0)	3
During the past week, how many pints have you had? Include bitter, lager, ale, stout, Guinness etc. (If none, please enter 0)	3
During the past week, bottles or cans of beer have you had? Include bitter, lager, ale, stout, Guinness etc. (If none, please enter 0)	2
During the past week, how many measures of spirits or liqueurs have you had? There are 28 standard 25cl measures in a standard 70cl bottle. Spirits include whisky, gin, rum, vodka, brandy etc. (If none, please enter 0)	0
How does this compare to what you usually drink in a week?	( ) More (●) Same ( ) Less

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Diet 1

In general, how often do you eat these kinds of food?

Food	Daily	5-6 days a week	2-4 days a week	Weekly	Less than weekly	Less than monthly	Never
Fresh fruit	◉	○	○	○	○	○	○
Green leafy vegetables	○	◉	○	○	○	○	○
Other vegetables	○	◉	○	○	○	○	○
Ling (ollick)	○	○	○	○	○	○	◉
Coalfish (piltock, cuithe, sillock, saithe)	○	○	○	○	○	○	◉
Pollack (lyrie, lye)	○	○	○	○	○	○	◉
Fried oily fish (salmon, herring, mackerel)	○	○	○	○	◉	○	○
Grilled, poached,baked or pickled oily fish	○	○	○	○	◉	○	○
Smoked oily fish (salmon, kipper, mackerel)	○	○	○	○	◉	○	○
Tuna (tinned or fresh)	○	○	○	○	◉	○	○
Sardines or pilchards	○	○	○	○	◉	○	○
Fish livers (e.g. crappen and stap)	○	○	○	○	○	○	◉
Roe (rands)	○	○	○	○	○	○	◉
Cod, haddock	○	○	○	○	◉	○	○

Diet 2

In general, how often do you eat these kinds of food?

Food	Daily	5-6 days a week	2-4 days a week	Weekly	Less than weekly	Less than monthly	Never
Chicken, turkey or other poultry	○	○	◉	○	○	○	○
Beef	○	○	○	◉	○	○	○
Lamb	○	○	○	○	◉	○	○
Liver (including liver pate and liver sausage)	○	○	○	○	○	○	◉
Mince or meat sauce (bolognese)	○	○	○	◉	○	○	○
Other types of meat (including bacon, sausage, ham)	○	○	○	◉	○	○	○
Eggs (including in quiche, cakes, omelettes)	○	○	○	◉	○	○	○
Cheese	○	○	○	◉	○	○	○
Whole milk	○	○	○	○	◉	○	○
Skimmed / Semi-skimmed milk	◉	○	○	○	○	○	○
Coffee	◉	○	○	○	○	○	○
Sugar in tea or coffee	○	○	◉	○	○	○	○
Brown or wholemeal bread	○	○	◉	○	○	○	○

Diet 3

In general, how often do you eat these kinds of food?

Food	Daily	5-6 days a week	2-4 days a week	Weekly	Less than weekly	Less than monthly	Never
High fibre cereal (branflakes, muesli, porridge, etc)	○	○	◉	○	○	○	○
Other breakfast cereal (cornflakes, rice crispies, etc)	○	○	◉	○	○	○	○
Chips	○	○	◉	○	○	○	○
Potatoes, pasta, rice	○	○	◉	○	○	○	○
Beans, peas, lentils	○	○	◉	○	○	○	○
Sweets, chocolates	○	○	◉	○	○	○	○
Crisps or other snacks	○	○	○	◉	○	○	○
Fizzy drinks	○	○	○	◉	○	○	○
Fruit juice	○	◉	○	○	○	○	○
White bread	◉	○	○	○	○	○	○
Cakes, fancies	○	○	○	◉	○	○	○

Diet 4

On days you eat Fresh Fruit, on average how many pieces would you eat per day? (Count one apple, one banana, 10 grapes etc as one piece. (If none, please enter 0) — 5

Green leafy vegetables (portions)? — 1

Other types of vegetables (portions)? — 1

Do you add salt to your food at the table? — ◉ Usually ○ Occasionally ○ Rarely ○ Never

Did you eat a lot of oily fish (salmon, herring, mackerel etc) when you were a child? — ○ Yes ◉ No

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Work Schedule

Do you have a regular work schedule? (even if you are in the house) (●) Yes ( ) No

If YES, how many days per week do you work? 5

Work Day Sleep Habits

Before a WORK day

I go to bed at - hours: 23 Minutes (●) 00 ( ) 15 ( ) 30 ( ) 45

I get ready to fall asleep at - hours 23 Minutes ( ) 00 (●) 15 ( ) 30 ( ) 45

How many minutes does it take you to fall asleep? 0-10

I wake up at - hours 06 Minutes (●) 00 ( ) 15 ( ) 30 ( ) 45

How many minutes is it before you get up? 20-30

Do you use an alarm clock on work days? (●) Yes ( ) No ( ) Not Applicable

If yes, do you regularly wake up before the alarm rings? (●) Yes ( ) No

Free Day (Not Working) Sleep Habits

Before a FREE day

I go to bed at - hours 23 Minutes (●) 00 ( ) 15 ( ) 30 ( ) 45

I get ready to fall asleep at - hours 23 Minutes ( ) 00 (●) 15 ( ) 30 ( ) 45

How many minutes does it take you to fall asleep? 10-20

I wake up at - hours 07 Minutes (●) 00 ( ) 15 ( ) 30 ( ) 45

How many minutes is it before you get up? 20-30

Do you use an alarm clock on free days? (●) Yes ( ) No ( ) Not Applicable

Is there a reason you cannot choose your sleep times on free days? ( ) Children ( ) Pets ( ) Hobbies (●) Other ( ) No reason

Time Spent Outside

How long do you spend outside exposed to daylight (with no roof over your head)?

On Summer work days - hours? 2 Minutes (●) 00 ( ) 15 ( ) 30 ( ) 45

On Summer free days - hours? 5 Minutes (●) 00 ( ) 15 ( ) 30 ( ) 45

On Winter work days - hours? 1 Minutes (●) 00 ( ) 15 ( ) 30 ( ) 45

On Winter free days - hours? 3 Minutes (●) 00 ( ) 15 ( ) 30 ( ) 45

Shifts

Have you worked on a shift work schedule in the last 3 months? ( ) Yes (●) No

What time do you usually start work - hours? 09 Minutes (●) 00 ( ) 15 ( ) 30 ( ) 45

What time do you usually finish work - hours? 17 Minutes (●) 00 ( ) 15 ( ) 30 ( ) 45

How flexible is your work schedule? ( ) Very flexible (●) Quite flexible ( ) Rather inflexible ( ) Very inflexible ( ) Not applicable

Travelling to Work

How do you travel to work? Within an enclosed vehicle (eg car, bus)

On average, how long does it take you to travel to work? 30 minutes

On average, how long does it take you to travel from work? 30 minutes

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Education

How many years altogether did you attend school / study full-time?	10-11
What is the highest educational qualification you have obtained?	Higher grade, A levels, AS levels or equivalent
Specify other qualification	

Employment

What is your current occupation?	Other - please specify below
Other occupation - please specify	Accountant
What is your spouse's current occupation?	Not applicable
Other occupation spouse - please specify	

Your Home

The house you live in is?	Owned outright
What is the council tax band for the property you live in?	D
How many cars/vans can you and the people in your house use?	1
How often do you and/or your family take a holiday in the UK?	More than once a year
How often do you and/or your family holiday outside the UK?	Once a year

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Glasses

Do you wear glasses or contact lenses to correct your vision? (•) Yes ( ) No ( ) Prefer not to answer

What age did you first start to wear glasses or contact lenses? 9

Why were you prescribed glasses / contacts? (You can select more than one answer)

- [x] For short-sightedness i.e. only or mainly for distance viewing such as driving, cinema etc (called 'myopia')
- [ ] For long-sightedness i.e. for distance and near, but particularly for near tasks like reading (called 'hypermetropia')
- [ ] Just for reading / near work as you are getting older (called 'presbyopia')
- [ ] For 'astigmatism'
- [ ] For a 'squint' or 'turn' in an eye since childhood (called 'strabismus')
- [ ] For a 'lazy' eye or an eye with poor vision since childhood (called 'amblyopia')
- [ ] Other eye condition

Other vision problems

Do you have any other problems with your eyes or eyesight? ( ) Yes (•) No ( ) Prefer not to answer

Prescription

Do you have a copy of an optical prescription issued to you? ( ) Yes (•) No ( ) Prefer not to answer

Eye Surgery

Have you ever had eye surgery? ( ) Yes (•) No ( ) Prefer not to answer

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Your Religious Beliefs

The following questions are optional. If you do not know or prefer not to answer, please leave blank.

How often do you attend church or other religious meetings?	Never
How often do you spend time in private religious activities, such as prayer, meditation or Bible study?	Rarely or never

The following section contains 3 statements about religious belief or experience. Please indicate the extent to which each statement is true or not true for you.

In my life, I experience the presence of the Divine (i.e., God)	Tends not to be true
My religious beliefs are what really lie behind my whole approach to life	Definitely not true
I try hard to carry my religion over into all other dealings in life	Unsure

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Mental Health

Have you ever had a time in your life when you felt sad, blue, or depressed for two weeks or more in a row?	○ Yes ◉ No
Have you ever had a time in your life lasting two weeks or more when you lost interest in most things like hobbies, work, or activities that usually give you pleasure?	○ Yes ◉ No

Restless Feelings

Have you ever had a period of time lasting at least 2 days when you were feeling so good, 'high, 'excited, or 'hyper' that other people thought you were not your normal self or you were so 'hyper' that you got into trouble?	◉ Yes ○ No
Have you ever had a period of time lasting at least 2 days when you were so irritable that you found yourself shouting at people or starting fights or arguments?	○ Yes ◉ No

Please think of the period when you were in a 'high' or 'irritable' state. How did you feel then? In such a state ...

I was more active than usual	◉ Yes ○ No
I was more talkative than usual	◉ Yes ○ No
I needed less sleep	◉ Yes ○ No
I was more creative or had more ideas	◉ Yes ○ No
I was so restless I couldn't sit still	◉ Yes ○ No
I was much more confident than usual	◉ Yes ○ No
My thoughts were racing	◉ Yes ○ No
I was easily distracted	◉ Yes ○ No
What is the longest time that these 'high,' or 'irritable' periods have lasted? (Please pick the most appropriate option)	◉ Less than 24 hour ○ More than 1 day but less than 2 day ○ More than 2 days but less than 4 days ○ More than 4 days but less than a week ○ More than a week
How much of a problem have these 'high,' or 'irritable' periods caused you? (Please pick the most appropriate option)	◉ Needed treatment ○ Caused problems with work, relationships, finances, the law or other aspects of life ○ No problems

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Personality Questionnaire 1

Please answer ALL of the questions, select the answer you feel best describes you.

Does your mood often go up and down?	(●) Yes ( ) No
Are you a talkative person?	( ) Yes (●) No
Do you ever feel 'just miserable' for no reason?	( ) Yes (●) No
Are you rather lively?	( ) Yes (●) No
Are you an irritable person?	(●) Yes ( ) No
Do you enjoy meeting new people?	( ) Yes (●) No
Are your feelings easily hurt?	(●) Yes ( ) No
Can you usually let yourself go and enjoy yourself at a lively party?	( ) Yes (●) No
Do you often feel 'fed up'?	( ) Yes (●) No
Do you usually take the initiative in making new friends?	( ) Yes (●) No
Would you call yourself a nervous person?	( ) Yes (●) No
Can you easily get some life into a rather dull party?	( ) Yes (●) No

Personality Questionnaire 2

Please answer ALL of the questions, select the answer you feel best describes you.

Are you a worrier?	(●) Yes ( ) No
Do you tend to keep in the background on social occasions?	(●) Yes ( ) No
Would you call yourself tense or 'highly-strung'?	( ) Yes (●) No
Do you like mixing with people?	( ) Yes (●) No
Do you worry too long after an embarrassing experience?	(●) Yes ( ) No
Do you like plenty of bustle and excitement around you?	( ) Yes (●) No
Do you suffer from 'nerves'?	( ) Yes (●) No
Are you mostly quiet when you are with other people?	(●) Yes ( ) No
Do you often feel lonely?	( ) Yes (●) No
Do other people think of you as being very lively?	( ) Yes (●) No
Are you often troubled about feelings of guilt?	( ) Yes (●) No
Can you get a party going?	( ) Yes (●) No

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Thank You!

Thank you for taking part in Viking Genes and completing the questionnaire. Click here if you would like a copy of your consent form for your records.

By volunteering you're helping us better understand how genetics can affect health. We'll post you a sample kit (with instructions) shortly.

If you want to further help research, you could consider joining SHARE, which only takes a few minutes. It's a register of people, aged 11 or over in Scotland, who want to get involved in research. For more information you can visit the SHARE website.

If you need any help or information please contact us at Viking@ed.ac.uk.

Review My Answers