

CodeBook

Kardiovize Brno 2030 – cohort 25–64 years

Follow-Up 2019–2022

The Kardiovize Brno 2030 project is an ongoing multidisciplinary epidemiological project designed as a prospective study of a random sample of adult residents of the city of Brno aged 25 to 64 (at the time of the enrolment) stratified by age and gender. The project aims to assess the prevalence, determinants, outcomes and trends of cardiovascular morbidity in urban population of the Czech Republic.

The recruitment and core baseline examinations were completed in 2014. Several additional measurements were conducted between 2015 and 2016.

The first follow-up was conducted after a 5-year interval, to investigate changes in cardiovascular parameters and risk factors within the initial cohort of the Kardiovize Brno 2030 study.

This study encompasses questionnaires and assessments covering a wide range of topics: socioeconomic data, demographic data, personal and family medical history, medication use, smoking status, physical activity, lifestyle and dietary habits, alcohol consumption, sleep, depression, psychosocial distress and other psychological factors. The examinations included cognitive assessment, anthropometric measurements, body composition analysis, measurements of blood pressure, exhaled carbon monoxide volume, handgrip strength, electrocardiography (ECG), echocardiography, carotid intima-media thickness, and laboratory analyses of blood and urine samples. Biological materials, such as plasma, serum, and isolated DNA, were collected and deep-frozen for further research.

This is a preliminary version of the text, and there may be further changes and adjustments.

Processed:

Bc. Anna Pospíšilová

Mgr. Vendula Kocandová

Date:

Signature:

Reviewed:

MUDr. Šárka Kunzová, Ph.D.

MUDr. Mária Hrabčaková

Mgr. Jana Jarešová

Mgr. Monika Kunzová

Date:

Signature:

Approved:

Juan Pablo Gonzales Rivas, MD

MUDr. Robert Prosecký, Ph.D.,
MPH

Date:

Signature:

Table of contents

1. Questionnaires	4
1. Demographic Data	4
2. Family history.....	5
3. Montreal Cognitive Assessment	26
4. Personal history	28
5. Medication	40
6. Medication ATC.....	46
7. Questions for women	47
8. Education, Profession, Income	50
9. Smoking and Weight	53
10. Sleep.....	58
11. IPAQ (long form)	65
12. Nutrition.....	72
13. Meals from 24-hours recall.....	88
14. Meals from 3 days recall	90
15. NutriPro.....	92
16. Self-Report	95
17. Health Literacy	100
2. Examinations	103
1. BpTRU.....	103
2. Smokerlyzer	104
3. Hand Grip	105
4. Anthropometric measurement.....	106
5. ECG.....	107
6. InBody	109
7. Pulse Wave Velocity (PWV).....	117
8. Laboratory.....	122
9. Samples	125
3. RAW Data	126
1. Echocardiography	126
2. Vascular Ultrasound.....	126
4. Calculated variables	127
1. Cardiovascular Health Index	127
2. Diabetes Mellitus	129
3. Hypertension.....	130

4. Variables Calculated Based on Kardiovize Definitions..... 131

The follow-up study was conducted between 2019 and 2022. The participants of the baseline study were invited to participate. The face-to-face interviews and examinations were carried out in a hospital setting by trained research personnel. The survey included a total of 865 participants aged between 33 and 73 years, with an average age of 66.5 years. Among these participants, 51.8% were women.

The health assessment comprised an extensive health interview, anthropological measurements, device-assisted examinations, and laboratory tests, including the collection and preservation of bio-samples.

1. Questionnaires

1. Demographic Data

865 complete case reports are available.

Variable name	Question	Values
age	Age at Follow-Up examination	text (in years)
doe	Date of Follow-Up examination	date
twins	Are you from twins or other multiple pregnancy?	1, Yes 2, No
sex	Gender	1, Male 2, Female
marital status	Marital Status	1, Single 2, Married 3, Partnership 4, Divorced 5, Widowed

2. Family history

863 complete case reports are available. The methodology was based on MONICA study

Reference: <http://www.thl.fi/publications/monica/>

Variable name	Question	Values
	Please choose your family members:	
fh_memb__1	Father	0, Unchecked
fh_memb__2	Mother	1, Checked
fh_memb__3	Brother	
fh_memb__4	Sister	
fh_memb__5	Sons	
fh_memb__6	Daughter	
fh_brothers	Number of brothers	text (integer, Min: 0, Max: 5)
fh_sisters	Number of sisters	text (integer, Min: 0, Max: 5)
fh_sons	Number of sons	text (integer, Min: 0, Max: 5)
fh_daughs	Number of daughters	text (integer, Min: 0, Max: 5)
	Father	
fh_f	Is your father dead or alive?	1, Alive 2, Dead 3, Do not know
fh_f_age	His current age or age at death	text (integer)
fh_f_dc	Cause of death	text
fh_f_ht	Arterial hypertension	1, Yes 2, No 3, Do not know
fh_f_dm	Diabetes mellitus	1, Yes 2, No 3, Do not know
fh_f_mi	Myocardial infarction	0, No 1, Fatal 2, Non-fatal 3, Do not know

fh_f_mi_age	First myocardial infarction at age	text (integer)
fh_f_ce	Cerebrovascular event (CVE)	0, No 1, Fatal 2, Non-fatal 3, Do not know
fh_f_ce_age	First CVE at age	text (integer)
fh_f_other	Other cardiovascular diseases	1, Yes 2, No 3, Do not know
fh_f_canc	Cancer	1, Yes 2, No 3, Do not know
fh_f_dep	Depression	1, Yes 2, No 3, Do not know
	Mother	
fh_m	Is your mother dead or alive?	1, Alive 2, Dead 3, Do not know
fh_m_age	Her current age or age at death	text (integer)
fh_m_dc	Cause of death	text
fh_m_ht	Arterial hypertension	1, Yes 2, No 3, Do not know
fh_m_dm	Diabetes mellitus	1, Yes 2, No 3, Do not know
fh_m_mi	Myocardial infarction	0, No 1, Fatal 2, Non-fatal 3, Do not know
fh_m_mi_age	First myocardial infarction at age	text (integer)
fh_m_ce	Cerebrovascular event (CVE)	0, No 1, Fatal 2, Non-fatal

		3, Do not know
fh_m_ce_age	First CVE at age	text (integer)
fh_m_other	Other cardiovascular diseases	1, Yes 2, No 3, Do not know
fh_m_canc	Cancer	1, Yes 2, No 3, Do not know
fh_m_dep	Depression	1, Yes 2, No 3, Do not know
	Brother 1	
fh_b1	Is your first brother dead or alive?	1, Alive 2, Dead 3, Do not know
fh_b1_age	His current age or age at death	text (integer)
fh_b1_dc	Cause of death	text
fh_b1_ht	Arterial hypertension	1, Yes 2, No 3, Do not know
fh_b1_dm	Diabetes mellitus	1, Yes 2, No 3, Do not know
fh_b1_mi	Myocardial infarction	0, No 1, Fatal 2, Non-fatal 3, Do not know
fh_b1_mi_age	First myocardial infarction at age	text (integer)
fh_b1_ce	Cerebrovascular event (CVE)	0, No 1, Fatal 2, Non-fatal 3, Do not know
fh_b1_ce_age	First CVE at age	text (integer)
fh_b1_other	Other cardiovascular diseases	1, Yes 2, No

		3, Do not know
fh_b1_canc	Cancer	1, Yes 2, No 3, Do not know
fh_b1_dep	Depression	1, Yes 2, No 3, Do not know
	Brother 2	
fh_b2	Is your second brother dead or alive?	1, Alive 2, Dead 3, Do not know
fh_b2_age	His current age or age at death	text (integer)
fh_b2_dc	Cause of death	text
fh_b2_ht	Arterial hypertension	1, Yes 2, No 3, Do not know
fh_b2_dm	Diabetes mellitus	1, Yes 2, No 3, Do not know
fh_b2_mi	Myocardial infarction	0, No 1, Fatal 2, Non-fatal 3, Do not know
fh_b2_mi_age	First myocardial infarction at age	text (integer)
fh_b2_ce	Cerebrovascular event (CVE)	0, No 1, Fatal 2, Non-fatal 3, Do not know
fh_b2_ce_age	First CVE at age	text (integer)
fh_b2_other	Other cardiovascular diseases	1, Yes 2, No 3, Do not know
fh_b2_canc	Cancer	1, Yes 2, No 3, Do not know

fh_b2_dep	Depression	1, Yes 2, No 3, Do not know
	Brother 3	
fh_b3	Is your third brother dead or alive?	1, Alive 2, Dead 3, Do not know
fh_b3_age	His current age or age at death	text (integer)
fh_b3_dc	Cause of death	text
fh_b3_ht	Arterial hypertension	1, Yes 2, No 3, Do not know
fh_b3_dm	Diabetes mellitus	1, Yes 2, No 3, Do not know
fh_b3_mi	Myocardial infarction	0, No 1, Fatal 2, Non-fatal 3, Do not know
fh_b3_mi_age	First myocardial infarction at age	text (integer)
fh_b3_ce	Cerebrovascular event (CVE)	0, No 1, Fatal 2, Non-fatal 3, Do not know
fh_b3_ce_age	First CVE at age	text (integer)
fh_b3_other	Other cardiovascular diseases	1, Yes 2, No 3, Do not know
fh_b3_canc	Cancer	1, Yes 2, No 3, Do not know
fh_b3_dep	Depression	1, Yes 2, No 3, Do not know
	Brother 4	

fh_b4	Is your fourth brother dead or alive?	1, Alive 2, Dead 3, Do not know
fh_b4_age	His current age or age at death	text (integer)
fh_b4_dc	Cause of death	text
fh_b4_ht	Arterial hypertension	1, Yes 2, No 3, Do not know
fh_b4_dm	Diabetes mellitus	1, Yes 2, No 3, Do not know
fh_b4_mi	Myocardial infarction	0, No 1, Fatal 2, Non-fatal 3, Do not know
fh_b4_mi_age	First myocardial infarction at age	text (integer)
fh_b4_ce	Cerebrovascular event (CVE)	0, No 1, Fatal 2, Non-fatal 3, Do not know
fh_b4_ce_age	First CVE at age	text (integer)
fh_b4_other	Other cardiovascular diseases	1, Yes 2, No 3, Do not know
fh_b4_canc	Cancer	1, Yes 2, No 3, Do not know
fh_b4_dep	Depression	1, Yes 2, No 3, Do not know
	Brother 5	
fh_b5	Is your fifth brother dead or alive?	1, Alive 2, Dead 3, Do not know
fh_b5_age	His current age or age at death	text (integer)

fh_b5_dc	Cause of death	text
fh_b5_ht	Arterial hypertension	1, Yes 2, No 3, Do not know
fh_b5_dm	Diabetes mellitus	1, Yes 2, No 3, Do not know
fh_b5_mi	Myocardial infarction	0, No 1, Fatal 2, Non-fatal 3, Do not know
fh_b5_mi_age	First myocardial infarction at age	text (integer)
fh_b5_ce	Cerebrovascular event (CVE)	0, No 1, Fatal 2, Non-fatal 3, Do not know
fh_b5_ce_age	First CVE at age	text (integer)
fh_b5_other	Other cardiovascular diseases	1, Yes 2, No 3, Do not know
fh_b5_canc	Cancer	1, Yes 2, No 3, Do not know
fh_b5_dep	Depression	1, Yes 2, No 3, Do not know
	Sister 1	
fh_s1	Is your first sister dead or alive?	1, Alive 2, Dead 3, Do not know
fh_s1_age	Her current age or age at death	text (integer)
fh_s1_dc	Cause of death	text
fh_s1_ht	Arterial hypertension	1, Yes 2, No 3, Do not know

fh_s1_dm	Diabetes mellitus	1, Yes 2, No 3, Do not know
fh_s1_mi	Myocardial infarction	0, No 1, Fatal 2, Non-fatal 3, Do not know
fh_s1_mi_age	First myocardial infarction at age	text (integer)
fh_s1_ce	Cerebrovascular event (CVE)	0, No 1, Fatal 2, Non-fatal 3, Do not know
fh_s1_ce_age	First CVE at age	text (integer)
fh_s1_other	Other cardiovascular diseases	1, Yes 2, No 3, Do not know
fh_s1_canc	Cancer	1, Yes 2, No 3, Do not know
fh_s1_dep	Depression	1, Yes 2, No 3, Do not know
Sister 2		
fh_s2	Is your second sister dead or alive?	1, Alive 2, Dead 3, Do not know
fh_s2_age	Her current age or age at death	text (integer)
fh_s2_dc	Cause of death	text
fh_s2_ht	Arterial hypertension	1, Yes 2, No 3, Do not know
fh_s2_dm	Diabetes mellitus	1, Yes 2, No 3, Do not know
fh_s2_mi	Myocardial infarction	0, No

		1, Fatal 2, Non-fatal 3, Do not know text (integer)
fh_s2_mi_age	First myocardial infarction at age	
fh_s2_ce	Cerebrovascular event (CVE)	0, No 1, Fatal 2, Non-fatal 3, Do not know
fh_s2_ce_age	First CVE at age	text (integer)
fh_s2_other	Other cardiovascular diseases	1, Yes 2, No 3, Do not know
fh_s2_canc	Cancer	1, Yes 2, No 3, Do not know
fh_s2_dep	Depression	1, Yes 2, No 3, Do not know
	Sister 3	
fh_s3	Is your third sister dead or alive?	1, Alive 2, Dead 3, Do not know
fh_s3_age	Her current age or age at death	text (integer)
fh_s3_dc	Cause of death	text
fh_s3_ht	Arterial hypertension	1, Yes 2, No 3, Do not know
fh_s3_dm	Diabetes mellitus	1, Yes 2, No 3, Do not know
fh_s3_mi	Myocardial infarction	0, No 1, Fatal 2, Non-fatal 3, Do not know
fh_s3_mi_age	First myocardial infarction at age	text (integer)

fh_s3_ce	Cerebrovascular event (CVE)	0, No 1, Fatal 2, Non-fatal 3, Do not know
fh_s3_ce_age	First CVE at age	text (integer)
fh_s3_other	Other cardiovascular diseases	1, Yes 2, No 3, Do not know
fh_s3_canc	Cancer	1, Yes 2, No 3, Do not know
fh_s3_dep	Depression	1, Yes 2, No 3, Do not know
Sister 4		
fh_s4	Is your fourth sister dead or alive?	1, Alive 2, Dead 3, Do not know
fh_s4_age	Her current age or age at death	text (integer)
fh_s4_dc	Cause of death	text
fh_s4_ht	Arterial hypertension	1, Yes 2, No 3, Do not know
fh_s4_dm	Diabetes mellitus	1, Yes 2, No 3, Do not know
fh_s4_mi	Myocardial infarction	0, No 1, Fatal 2, Non-fatal 3, Do not know
fh_s4_mi_age	First myocardial infarction at age	text (integer)
fh_s4_ce	Cerebrovascular event (CVE)	0, No 1, Fatal 2, Non-fatal 3, Do not know

fh_s4_ce_age	First CVE at age	text (integer)
fh_s4_other	Other cardiovascular diseases	1, Yes 2, No 3, Do not know
fh_s4_canc	Cancer	1, Yes 2, No 3, Do not know
fh_s4_dep	Depression	1, Yes 2, No 3, Do not know
Sister 5		
fh_s5	Is your fifth sister dead or alive?	1, Alive 2, Dead 3, Do not know
fh_s5_age	Her current age or age at death	text (integer)
fh_s5_dc	Cause of death	text
fh_s5_ht	Arterial hypertension	1, Yes 2, No 3, Do not know
fh_s5_dm	Diabetes mellitus	1, Yes 2, No 3, Do not know
fh_s5_mi	Myocardial infarction	0, No 1, Fatal 2, Non-fatal 3, Do not know
fh_s5_mi_age	First myocardial infarction at age	text (integer)
fh_s5_ce	Cerebrovascular event (CVE)	0, No 1, Fatal 2, Non-fatal 3, Do not know
fh_s5_ce_age	First CVE at age	text (integer)
fh_s5_other	Other cardiovascular diseases	1, Yes 2, No 3, Do not know

fh_s5_canc	Cancer	1, Yes 2, No 3, Do not know
fh_s5_dep	Depression	1, Yes 2, No 3, Do not know
Son 1		
fh_son1	Is your first son dead or alive?	1, Alive 2, Dead 3, Do not know
fh_son1_age	His current age or age at death	text (integer)
fh_son1_dc	Cause of death	text
fh_son1_ht	Arterial hypertension	1, Yes 2, No 3, Do not know
fh_son1_dm	Diabetes mellitus	1, Yes 2, No 3, Do not know
fh_son1_mi	Myocardial infarction	0, No 1, Fatal 2, Non-fatal 3, Do not know
fh_son1_mi_age	First myocardial infarction at age	text (integer)
fh_son1_ce	Cerebrovascular event (CVE)	0, No 1, Fatal 2, Non-fatal 3, Do not know
fh_son1_ce_age	First CVE at age	text (integer)
fh_son1_other	Other cardiovascular diseases	1, Yes 2, No 3, Do not know
fh_son1_canc	Cancer	1, Yes 2, No 3, Do not know
fh_son1_dep	Depression	1, Yes

		2, No 3, Do not know
	Son 2	
fh_son2	Is your second son dead or alive?	1, Alive 2, Dead 3, Do not know
fh_son2_age	His current age or age at death	text (integer)
fh_son2_dc	Cause of death	text
fh_son2_ht	Arterial hypertension	1, Yes 2, No 3, Do not know
fh_son2_dm	Diabetes mellitus	1, Yes 2, No 3, Do not know
fh_son2_mi	Myocardial infarction	0, No 1, Fatal 2, Non-fatal 3, Do not know
fh_son2_mi_age	First myocardial infarction at age	text (integer)
fh_son2_ce	Cerebrovascular event (CVE)	0, No 1, Fatal 2, Non-fatal 3, Do not know
fh_son2_ce_age	First CVE at age	text (integer)
fh_son2_other	Other cardiovascular diseases	1, Yes 2, No 3, Do not know
fh_son2_canc	Cancer	1, Yes 2, No 3, Do not know
fh_son2_dep	Depression	1, Yes 2, No 3, Do not know
	Son 3	
fh_son3	Is your third son dead or alive?	1, Alive

		2, Dead 3, Do not know
fh_son3_age	His current age or age at death	text (integer)
fh_son3_dc	Cause of death	text
fh_son3_ht	Arterial hypertension	1, Yes 2, No 3, Do not know
fh_son3_dm	Diabetes mellitus	1, Yes 2, No 3, Do not know
fh_son3_mi	Myocardial infarction	0, No 1, Fatal 2, Non-fatal 3, Do not know
fh_son3_mi_age	First myocardial infarction at age	text (integer)
fh_son3_ce	Cerebrovascular event (CVE)	0, No 1, Fatal 2, Non-fatal 3, Do not know
fh_son3_ce_age	First CVE at age	text (integer)
fh_son3_other	Other cardiovascular diseases	1, Yes 2, No 3, Do not know
fh_son3_canc	Cancer	1, Yes 2, No 3, Do not know
fh_son3_dep	Depression	1, Yes 2, No 3, Do not know
	Son 4	
fh_son4	Is your fourth son dead or alive?	1, Alive 2, Dead 3, Do not know
fh_son4_age	His current age or age at death	text (integer)
fh_son4_dc	Cause of death	text

fh_son4_ht	Arterial hypertension	1, Yes 2, No 3, Do not know
fh_son4_dm	Diabetes mellitus	1, Yes 2, No 3, Do not know
fh_son4_mi	Myocardial infarction	0, No 1, Fatal 2, Non-fatal 3, Do not know
fh_son4_mi_age	First myocardial infarction at age	text (integer)
fh_son4_ce	Cerebrovascular event (CVE)	0, No 1, Fatal 2, Non-fatal 3, Do not know
fh_son4_ce_age	First CVE at age	text (integer)
fh_son4_other	Other cardiovascular diseases	1, Yes 2, No 3, Do not know
fh_son4_canc	Cancer	1, Yes 2, No 3, Do not know
fh_son4_dep	Depression	1, Yes 2, No 3, Do not know
	Son 5	
fh_son5	Is your fifth son dead or alive?	1, Alive 2, Dead 3, Do not know
fh_son5_age	His current age or age at death	text (integer)
fh_son5_dc	Cause of death	text
fh_son5_ht	Arterial hypertension	1, Yes 2, No 3, Do not know
fh_son5_dm	Diabetes mellitus	1, Yes

		2, No 3, Do not know
fh_son5_mi	Myocardial infarction	0, No 1, Fatal 2, Non-fatal 3, Do not know
fh_son5_mi_age	First myocardial infarction at age	text (integer)
fh_son5_ce	Cerebrovascular event (CVE)	0, No 1, Fatal 2, Non-fatal 3, Do not know
fh_son5_ce_age	First CVE at age	text (integer)
fh_son5_other	Other cardiovascular diseases	1, Yes 2, No 3, Do not know
fh_son5_canc	Cancer	1, Yes 2, No 3, Do not know
fh_son5_dep	Depression	1, Yes 2, No 3, Do not know
	Daughter 1	
fh_d1	Is your first daughter dead or alive?	1, Alive 2, Dead 3, Do not know
fh_d1_age	Her current age or age at death	text (integer)
fh_d1_dc	Cause of death	text
fh_d1_ht	Arterial hypertension	1, Yes 2, No 3, Do not know
fh_d1_dm	Diabetes mellitus	1, Yes 2, No 3, Do not know
fh_d1_mi	Myocardial infarction	0, No 1, Fatal

		2, Non-fatal 3, Do not know text (integer)
fh_d1_mi_age	First myocardial infarction at age	
fh_d1_ce	Cerebrovascular event (CVE)	0, No 1, Fatal 2, Non-fatal 3, Do not know
fh_d1_ce_age	First CVE at age	text (integer)
fh_d1_other	Other cardiovascular diseases	1, Yes 2, No 3, Do not know
fh_d1_canc	Cancer	1, Yes 2, No 3, Do not know
fh_d1_dep	Depression	1, Yes 2, No 3, Do not know
	Daughter 2	
fh_d2	Is your second daughter dead or alive?	1, Alive 2, Dead 3, Do not know
fh_d2_age	Her current age or age at death	text (integer)
fh_d2_dc	Cause of death	text
fh_d2_ht	Arterial hypertension	1, Yes 2, No 3, Do not know
fh_d2_dm	Diabetes mellitus	1, Yes 2, No 3, Do not know
fh_d2_mi	Myocardial infarction	0, No 1, Fatal 2, Non-fatal 3, Do not know
fh_d2_mi_age	First myocardial infarction at age	text (integer)
fh_d2_ce	Cerebrovascular event (CVE)	0, No

		1, Fatal 2, Non-fatal 3, Do not know text (integer)
fh_d2_ce_age	First CVE at age	
fh_d2_other	Other cardiovascular diseases	1, Yes 2, No 3, Do not know
fh_d2_canc	Cancer	1, Yes 2, No 3, Do not know
fh_d2_dep	Depression	1, Yes 2, No 3, Do not know
	Daughter 3	
fh_d3	Is your third daughter dead or alive?	1, Alive 2, Dead 3, Do not know
fh_d3_age	Her current age or age at death	text (integer)
fh_d3_dc	Cause of death	text
fh_d3_ht	Arterial hypertension	1, Yes 2, No 3, Do not know
fh_d3_dm	Diabetes mellitus	1, Yes 2, No 3, Do not know
fh_d3_mi	Myocardial infarction	0, No 1, Fatal 2, Non-fatal 3, Do not know
fh_d3_mi_age	First myocardial infarction at age	text (integer)
fh_d3_ce	Cerebrovascular event (CVE)	0, No 1, Fatal 2, Non-fatal 3, Do not know
fh_d3_ce_age	First CVE at age	text (integer)

fh_d3_other	Other cardiovascular diseases	1, Yes 2, No 3, Do not know
fh_d3_canc	Cancer	1, Yes 2, No 3, Do not know
fh_d3_dep	Depression	1, Yes 2, No 3, Do not know
	Daughter 4	
fh_d4	Is your fourth daughter dead or alive?	1, Alive 2, Dead 3, Do not know
fh_d4_age	Her current age or age at death	text (integer)
fh_d4_dc	Cause of death	text
fh_d4_ht	Arterial hypertension	1, Yes 2, No 3, Do not know
fh_d4_dm	Diabetes mellitus	1, Yes 2, No 3, Do not know
fh_d4_mi	Myocardial infarction	0, No 1, Fatal 2, Non-fatal 3, Do not know
fh_d4_mi_age	First myocardial infarction at age	text (integer)
fh_d4_ce	Cerebrovascular event (CVE)	0, No 1, Fatal 2, Non-fatal 3, Do not know
fh_d4_ce_age	First CVE at age	text (integer)
fh_d4_other	Other cardiovascular diseases	1, Yes 2, No 3, Do not know
fh_d4_canc	Cancer	1, Yes

		2, No 3, Do not know
fh_d4_dep	Depression	1, Yes 2, No 3, Do not know
	Daughter 5	
fh_d5	Is your fifth daughter dead or alive?	1, Alive 2, Dead 3, Do not know
fh_d5_age	Her current age or age at death	text (integer)
fh_d5_dc	Cause of death	text
fh_d5_ht	Arterial hypertension	1, Yes 2, No 3, Do not know
fh_d5_dm	Diabetes mellitus	1, Yes 2, No 3, Do not know
fh_d5_mi	Myocardial infarction	0, No 1, Fatal 2, Non-fatal 3, Do not know
fh_d5_mi_age	First myocardial infarction at age	text (integer)
fh_d5_ce	Cerebrovascular event (CVE)	0, No 1, Fatal 2, Non-fatal 3, Do not know
fh_d5_ce_age	First CVE at age	text (integer)
fh_d5_other	Other cardiovascular diseases	1, Yes 2, No 3, Do not know
fh_d5_canc	Cancer	1, Yes 2, No 3, Do not know
fh_d5_dep	Depression	1, Yes 2, No

fh_notes	Notes	3, Do not know text (notes)
----------	-------	--------------------------------

3. Montreal Cognitive Assessment

The Montreal Cognitive Assessment (MoCA) is a cognitive screening tool used to assess various cognitive functions, including memory, attention, language, visuospatial abilities, and executive functions. The MoCA test consists of a series of tasks and questions that evaluate these cognitive domains and provides a total score.

862 complete cases reports are available.

References: <https://www.mocatest.org/>

Variable name	Question	Values
moca	Was the measurement performed?	1, Yes 2, No
moca_1	If not, please state the reason why	text
moca_exec	Visuospatial/executive	text (min:0, max: 5)
moca_visspat	Naming	text (min:0, max: 3)
moca_short1	Attention I.	text (min:0, max: 2)
moca_short2	Attention II.	text (min:0, max: 1)
moca_short3	Attention III.	text (min:0, max: 3)
moca_lang	Language I.	text (min:0, max: 2)
moca_lang2	Language II.	text (min:0, max: 1)
moca_att	Abstraction	text (min:0, max: 2)
moca_temp	Memory: Delayed recall	text (min:0, max: 5)
moca_spatial	Orientation	text (min:0, max: 6)
moca_score	Total MoCA score	text (integer)
moca_mis	Memory Index Score	text (integer)
	Additional questions	
moca_ass_1	Did the respondent have any health problem that affected his/her performance during the test?	1, Yes 2, No
moca_ass_1_spec	If yes, please specify the problem	1, Visual 2, Auditory 3, Motor

		4, Other
moca_ass_2	Did the respondent have any other problem that affected the course of the test?	1, Yes 2, No
moca_ass_2_spec	If yes, please specify the problem	1, Fatigue 2, Stress and emotional disability
moca_ass_3	Was the test influenced by any external event? (disturbance by phone, another person entering the room, etc.)	1, Yes 2, No
moca_ass_3_spec	If yes, please specify the external disturbance	text
moca_ass_4	What was the respondent's level of cooperation?	1, Refused some or all of the tests 2, Was uncooperative, reluctant, confrontational 3, Was motivated to cooperate
moca_notes	Notes	text

4. Personal history

864 complete case reports are available. The methodology was based on MONICA study

Reference: <http://www.thl.fi/publications/monica/>

Variable name	Question	Values
ph_health	How do you assess your health in the last 12 months?	1, Very good 2, Good 3, Average 4, Bad 5, Very bad
	Cardiovascular Diseases	
ph_ihd	Ischaemic heart disease (I20-I25)	1, Yes 2, No 3, Not known
ph_ihd_spec	If yes, please specify:	1, Angina Pectoris (I20) 2, Acute transmural myocardial infarction (I12.0-I21.3) 3, Acute subendocardial myocardial infarction (I21.4) 4, Chronic ischaemic heart disease (I25) 5, Other
ph_ihd_spec_jine	If other, please specify with ICD-10 code	text
ph_ihd_spec2	Please, specify Chronic ischaemic heart disease:	1, Atherosclerotic heart disease (I25.1) 2, Old myocardial infarction (I25.2) 3, Heart aneurysm (I25.3) 4, Aneurysm and coronary artery dissection (I25.4) 5, Other forms of chronic ischaemic heart disease (ischaemic cardiomyopathy, silent myocardial ischaemia) (I25.8)
ph_ihd_age	Age of the first manifestation of ischaemic heart disease	text (age)

ph_ihd_hosp	Have you ever been hospitalized for coronary heart disease?	1, Yes 2, No 3, Not known
ph_ihd_age1	Age of first hospitalization for ischaemic heart disease	text (age)
ph_ihd_hosp_no	Total number of hospitalizations for ischaemic heart disease	text (number)
ph_hf	Congestive heart failure (I50.0)	1, Yes 2, No 3, Not known
ph_hf_age	The age of the first manifestation of congestive heart failure	text (age)
ph_hf_hosp	Hospitalization for congestive heart failure	1, Yes 2, No 3, Not known
ph_hf_age1	Age at first hospitalization for congestive heart failure	text (age)
ph_hf_hosp_no	Total number of hospitalizations for congestive heart failure	text (number)
ph_hf_other	Other heart disease (I30-I52) (excluding congestive heart failure)	1, Pericardial disease (I31.9) 2, Endocardial disease (I38-I39) 3, Valve diseases (I34-I37) 4, Cardiomyopathy (I42-I43) 5, Other 6, None 7, Not known
ph_hf_other_spec1	Please, specify Pericardial disease	text
ph_hf_other_spec1_mkn	Pericardial disease ICD-10 code	text (ICD-10 code)
ph_hf_other_spec2	Please, specify Endocardial disease	text
ph_hf_other_spec2_mkn	Endocardial disease ICD-10 code	text (ICD-10 code)
ph_hf_other_spec3	Please, specify Valve disease	text
ph_hf_other_spec3_mkn	Valve disease ICD-10 code	text (ICD-10 code)
ph_hf_other_spec4	Please, specify Cardiomyopathy disease	text
ph_hf_other_spec4_mkn	Cardiomyopathy disease ICD-10 code	text (ICD-10 code)
ph_hf_other_spec5	Please, specify other	text
ph_hf_other_spec5_mkn	Other disease ICD-10 code	text (ICD-10 code)

ph_ca	Coronary angiography	1, Yes 2, No 3, Not Known
ph_pci	Percutaneous coronary intervention	1, Yes 2, No 3, Not Known
ph_pci_spec	If yes, please specify	1, With stent implantation 2, Without stent implantation
ph_cabg	Aorto-coronary bypass (CABG)	1, Yes 2, No 3, Not Known
ph_cabg_spec	Please, specify CABG	text
ph_cabg_age	Age of manifestation CABG	text (age)
ph_hs	Surgical heart surgery	1, Yes 2, No 3, Not Known
ph_hs_spec	Please, specify surgical heart surgery	text
ph_hs_age	Age of Surgical heart surgery	text (age)
ph_ci	Other coronary interventions	1, Yes 2, No 3, Not Known
ph_ci_spec	Please, specify other coronary interventions	text
ph_ci_age	Age of other coronary interventions	text (age)
ph_stroke	Stroke	1, Yes 2, No 3, Not Known
ph_stroke_spec	Please, specify stroke	1, Ischaemic stroke (I63) 2, Stroke not defined as bleeding or infarction (I64) 3, Haemorrhagic stroke
ph_stroke_spec_age1	Age of manifestation Ischaemic stroke	text (age)
ph_stroke_spec_age2	Age of manifestation Stroke not defined as bleeding or infarction	text (age)
ph_stroke_spec2	Please specify a haemorrhagic stroke	1, Intracerebral haemorrhage (I61) 2, Subarachnoid haemorrhage (I60)

ph_stroke_spec2_age1	Age of manifestation of Intracerebral haemorrhage	text (age)
ph_stroke_spec2_age2	Age of manifestation of Subarachnoid haemorrhage	text (age)
ph_stroke_other	Other vascular diseases of the brain (I67) - dissection of cerebral arteries, aneurysm, atherosclerosis, non-purulent thrombosis of the intracranial venous system, arteritis, chronic cerebral ischaemia ...	1, Yes 2, No
ph_stroke_spec3	Please, specify other vascular disease of the brain	text
ph_stroke_spec3_mkn	Other vascular disease of the brain ICD-10 code	text (ICD-10 code)
ph_stroke_spec2_age3	Age of manifestation other vascular disease of the brain	text (age)
ph_ild	Peripheral arterial disease (I70.2)	1, Yes 2, No 3, Not Known
ph_ild_age	Age of first manifestation Peripheral arterial disease	text (age)
ph_ild_hosp	Total number of hospitalizations for Peripheral arterial disease	text (number)
ph_clau	Claudication	1, Yes 2, No 3, Not Known
ph_clau_spec	Please specify the interval of claudication:	1, More than 200 m 2, 50 m to 200 m 3, Less than 50 m
ph_revascul	Revascularization (except myocardial)	1, Yes 2, No 3, Not Known
ph_revascul_age	Age of intervention	text (age)
ph_revascul_hosp	Have you ever been hospitalized for revascularization?	1, Yes 2, No 3, Not Known
ph_revascul_age1	Age of first hospitalization for revascularization	text (age)
ph_revascul_hosp_no	Total number of hospitalizations for revascularization	text (number)
ph_ad	Other arterial diseases not mentioned above	1, Yes 2, No 3, Not Known

ph_ad_spec	If yes, please specify:	1, Aneurysm and dissection (I72) 2, Embolism and thrombosis of arteries (I74) 3, Other peripheral vascular diseases (I73) (Raynaud, acrocyanosis, Buerger's disease, acroparesthesia, arterial spasm) 4, Other
ph_ad_spec2	If other, please specify:	text
ph_ad_spec2_mkn	Other arterial disease ICD-10 code	text (ICD-10 code)
ph_fleb	Phlebitis and thrombophlebitis (inflammation of the veins) (I80-I82)	1, Yes 2, No 3, Not Known
ph_fleb_spec	If yes, please specify:	text
ph_fleb_spec_mkn	Phlebitis and thrombophlebitis disease ICD-10 code	text (ICD-10 code)
ph_fleb_age	Age of manifestation Phlebitis and thrombophlebitis disease	text (age)
ph_vd	Other veins diseases	1, Yes 2, No 3, Not Known
ph_vd_spec	If yes, please specify:	1, Lower limb varicose veins (I83) 2, Chronic venous insufficiency (I87.2) 3, Other
ph_vd_spec2	If other, please specify:	text
ph_vd_spec2_mkn	Other veins disease ICD-10 code	text (ICD-10 code)
ph_pe	Pulmonary embolism (I26)	1, Yes 2, No 3, Not Known
ph_pe_age	Age of first manifestation Pulmonary embolism	text (age)
ph_pe_hosp	Have you ever been hospitalized for Pulmonary embolism?	1, Yes 2, No 3, Not Known
ph_pe_hosp_age	Age of hospitalization for Pulmonary embolism	text (age)
ph_pe_hosp_no	Number of hospitalizations for Pulmonary embolism	text (number)
ph_cpd	Cardiopulmonary diseases (I27) (primary and secondary pulmonary hypertension,	1, Yes

	heart disease caused by kyphoscoliosis, cardiopulmonary disease NS, cor-pulmonale chronicum)	2, No 3, Not Known
ph_cpd_spec	If yes, please specify:	text
ph_cpd_spec_mkn	Cardiopulmonary disease ICD-10 code	text (ICD-10 code)
ph_rhd	Rheumatic heart disease (involvement of valves, endocardium, pericardium, myocardium) (I00- I09)	1, Yes 2, No 3, Not Known
ph_rhd_spec	If yes, please specify:	text
ph_rhd_spec_mkn	Rheumatic heart disease ICD-10 code	text (ICD-10 code)
ph_cv_other	Other cardiovascular diseases	1, Yes 2, No 3, Not Known
ph_cv_other_spec	If yes, please specify:	text
ph_cv_other_spec_mkn	Other cardiovascular disease ICD-10 code	text (ICD-10 code)
ph_cv_other_age	Age of first manifestation Other cardiovascular disease	text (age)
ph_cv_other_hosp	Have you ever been hospitalized for stated other cardiovascular disease?	1, Yes 2, No 3, Not Known
ph_cv_other_age1	Age of first hospitalization for stated other cardiovascular disease	text (age)
ph_cv_other_hosp_no	Total number of hospitalizations for stated other cardiovascular disease	text (number)
ph_notes	Cardiovascular diseases - notes	text
	Other Diseases	
ph_cancer	Cancer (C00-D48)	1, Yes 2, No 3, Not Known
ph_cancer_spec	If yes, please specify:	text
ph_cancer_spec_mkn	Cancer ICD-10 code	text (ICD-10 code)
ph_cancer_age	Age of manifestation of Cancer	text (age)
ph_cancer_hosp	Have you ever been hospitalized for Cancer?	1, Yes 2, No 3, Not Known
ph_cancer_age1	Age of first hospitalization for Cancer	text (age)

ph_cancer_hosp_no	Total number of hospitalizations for cancer	text (number)
ph_cancer_treat	Is this cancer treated?	1, Yes 2, No 3, Not Known
ph_cancer_treat_spec	If yes, please specify treatment:	1, Surgery 2, Chemotherapy 3, Radiotherapy 4, Biological treatment 5, Other
ph_cancer_treat_spec2	If other, please specify:	text
ph_gid	Gastrointestinal diseases (diseases of the digestive system)	1, Yes 2, No 3, Not Known
ph_gid_spec	If yes, please specify:	1, Gastric or duodenal ulcer (K25) 2, Crohn's disease (K50) 3, Colon polyposis (K63.5) 4, Ulcerative colitis (K51) 5, Other diseases of the small, large intestine and rectum 6, Diseases of the pancreas (K85-K87.1) 7, Diseases of the gallbladder and bile ducts (K80-K83.9) 8, Liver disease (K70-K77) 9, Other
ph_gid_spec5	Please specify other diseases of the small, large intestine and rectum:	text
ph_gid_spec_mkn5	Other diseases of the small, large intestine and rectum ICD-10 code	text (ICD-10 code)
ph_gid_spec6	Please specify the pancreatic disease:	text
ph_gid_spec_mkn6	Pancreatic disease ICD-10 code	text (ICD-10 code)
ph_gid_spec7	Please specify the diseases of the gallbladder and bile ducts:	text
ph_gid_spec_mkn7	Gallbladder and bile ducts disease ICD-10 code	text (ICD-10 code)
ph_gid_spec8	Please specify liver disease:	text
ph_gid_spec_mkn8	Liver disease ICD-10 code	text (ICD-10 code)
ph_gid_spec9	Please specify other gastrointestinal diseases:	text
ph_gid_spec_mkn9	Other gastrointestinal disease ICD-10 code	text (ICD-10 code)

ph_ku	Kidney and urinary system diseases	1, Yes 2, No 3, Not Known
ph_ku_spec	If yes, please specify kidney and urinary tract diseases	1, Chronic nephropathy / chronic renal failure (N18) 2, Kidney stones (N20) 3, Bladder and urethra (N30-N39) 4, Benign prostatic hypertrophy (N40) 5, Other
ph_ku_spec_other	If other, please specify:	text
ph_ku_spec_other_mkn	Another kidney and urinary tract disease ICD-10 code	text (ICD-10 code)
ph_hyperuri	Hyperuricaemia or gout (increased uric acid levels) (E79)	1, Yes 2, No 3, Not Known
ph_thyroid	Diseases of the thyroid gland	1, Yes 2, No 3, Not Known
ph_thyroid_spec	If yes, please specify:	1, Hyperthyroidism (E05) 2, Hypothyroidism (E03.9) 3, Other
ph_thyroid_other	If other, please specify:	text
ph_thyroid_other_mkn	Another thyroid gland disease ICD-10 code	text (ICD-10 code)
ph_alergy	Allergy	1, Yes 2, No 3, Not Known
ph_alergy_spec	If yes, please specify:	1, Atopic eczema (L20) 2, Hay fever (J30.4) 3, Other allergies (T78.4)
ph_alergy_other	If other allergies, please specify:	text
ph_alergy_other_mkn	Other allergies disease ICD-10 code	text (ICD-10 code)
ph_rsd	Diseases of the respiratory system	1, Yes 2, No 3, Not Known

ph_rsd_spec	If yes, please specify:	1, Bronchial asthma (J45) 2, Chronic obstructive pulmonary disease (J44.9) 3, Other
ph_rsd_other	If other, please specify:	text
ph_rsd_other_mkn	Other respiratory system disease ICD-10 code	text (ICD-10 code)
ph_migraine	Migraine	1, Yes 2, No 3, Not Known
ph_neuro	Other neurological diseases (G00-G99)	1, Yes 2, No 3, Not Known
ph_neuro_spec	If yes, please specify:	text
ph_neuro_spec_mkn	Neurological diseases ICD-10 code	text (ICD-10 code)
ph_msd	Diseases of the musculoskeletal system, eg osteoarthritis, diseases of the spine, bones and joints (M50-M54, M00-M25)	1, Yes 2, No 3, Not Known
ph_msd_spec	If yes. please specify:	text
ph_msd_spec_mkn	Diseases of the musculoskeletal system ICD-10 code	text (ICD-10 code)
ph_osteop	Osteoporosis (M81.9)	1, Yes 2, No 3, Not Known
ph_osteop_age	Age of first manifestation of Osteoporosis	text (age)
ph_dep	Have you ever been diagnosed with depression?	1, Yes 2, No 3, Not Known
ph_dep_age	If yes, please state age of diagnosed with depression:	text (age)
ph_dep_treat	Have you ever been treated for depression?	1, Yes 2, No 3, Not Known
ph_dep_treat_spec	If yes, please state the treatment:	1, Psychopharmaceutic 2, Psychotherapy
ph_fever	Have you had a fever in last two weeks?	1, Yes 2, No 3, Not Known

ph_notes2	Other diseases - notes Hypertension, Diabetes mellitus, Dyslipidaemia	text
ph_hypertension_md	Has a doctor or other health professional ever told you that you have high blood pressure?	1, Yes 2, No 3, Not Known
ph_hypertension	If yes, do you have high blood pressure currently?	1, Yes 2, No, but I had in past 3, Not known
ph_hypertension_type	What kind of hypertension have you been diagnosed with?	1, Primary arterial hypertension (I10) 2, Secondary hypertension due to other chronic diseases (renal diseases, endocrine diseases) (I15) 3, Hypertension in pregnancy (O16) 4, Another hypertension 5, Not known 6, Elevated blood pressure without diagnosis of hypertension (no diagnosis; isolated accidental finding) (R03.0)
ph_hypertension_type_spec4	If another hypertension, please specify:	text
ph_hypertension_type_spec4_mkn	Another hypertension ICD-10 code	text (ICD-10 code)
ph_hypertension_age	Age of diagnosis of high blood pressure/hypertension	text (age)
ph_hypertension_hosp	Have you ever been hospitalized with high blood pressure?	1, Yes 2, No 3, Not Known
ph_hypertension_drug	Have you taken medication to lower your blood pressure in the last 14 days?	1, Yes 2, No 3, Not Known
ph_hypertension_drug_past	If not, did you take medication to lower your blood pressure in the past?	1, Yes 2, No 3, Not Known

ph_hypertension_check	How often have you checked your blood pressure in the last 3 months?	1, Never 2, 1 to 3 times per month 3, Once a week 4, More often
ph_dm	Has your doctor or other healthcare professional ever told you that you have diabetes mellitus or high fasting blood sugar?	1, Yes 2, No 3, Not Known
ph_dm_spec	If yes, please specify:	1, Yes, I have diabetes mellitus 2, Yes, I have high fasting blood sugar 3, Yes, in the past there was a period when I had a temporary deterioration in glucose metabolism (e.g. during pregnancy (gestational diabetes), during hospitalization, surgery)
ph_dm_spec2	Please, specify diabetes mellitus	1, Type 1 diabetes mellitus (E10) 2, Type 2 diabetes mellitus (E11)
ph_dm_age	Age of diagnosed with diabetes mellitus (diabetes) or high fasting blood sugar	text (age)
ph_dm_hosp	Have you ever been hospitalized for diabetes mellitus?	1, Yes 2, No 3, Not Known
ph_dm_age1	Age of first hospitalization for diabetes mellitus	text (age)
ph_dm_hosp_no	Total number of hospitalizations for diabetes mellitus	text (number)
ph_dm_treat	Please indicate how you were treated in the last 14 days / 2 weeks?	1, Diet 2, PAD 3, Insulin 4, Not treated 5, Not known
ph_dm_drug	Have you ever taken medication to control / lower your blood sugar?	1, Yes 2, No 3, Not Known
ph_chol	Has your doctor or other healthcare professional ever told you that you have high level of cholesterol and / or other fats (lipids) in your blood (E78)?	1, Yes 2, No 3, Not Known

ph_chol_treat	If yes, please state the treatment in last 14 days	1, Only diet 2, Diet and pills 3, Only pills 4, Not treated 5, Not known
ph_chol_drug	Have you ever taken medication to control / reduce blood fats?	1, Yes 2, No 3, Not Known
ph_other	Have you been treated for a long time or monitored by a doctor for any other disease not mentioned above?	1, Yes 2, No 3, Not Known
ph_other_spec	If yes, please state the diseases	text
ph_other_spec_mkn	ICD-10 code	text (ICD-10 code)
ph_next	Do you want to add other disease?	1, Yes 2, No
ph_other_spec2	If yes, please state the diseases	text
ph_other_spec2_mkn	ICD-10 code	text (ICD-10 code)
ph_next2	Do you want to add other disease?	1, Yes 2, No
ph_other_spec3	If yes, please state the diseases	text
ph_other_spec3_mkn	ICD-10 code	text (ICD-10 code)
ph_next3	Do you want to add other disease?	1, Yes 2, No
ph_other_spec4	If yes, please state the diseases	text
ph_other_spec4_mkn	ICD-10 code	text (ICD-10 code)
ph_next4	Do you want to add other disease?	1, Yes 2, No
ph_other_spec5	If yes, please state the diseases	text
ph_other_spec5_mkn	ICD-10 code	text (ICD-10 code)
ph_notes3	Hypertension, Diabetes mellitus, Dyslipidaemia - Notes	text

5. Medication

This section addresses inquiries related to medication usage and self-assessment of health status.

864 complete case reports are available: 579 participants use some medications, 285 participants do not use any medications.

Variable name	Question	Values
	Medication	
med	Do you use any medication?	1, Yes 2, No
med_name	Name of drug	text
med_dosage	Dosage	text
med_indic	Indication	text
med_next	Next drug?	1, Yes 2, No
med_name2	Name of drug	text
med_dosage2	Dosage	text
med_indic2	Indication	text
med_next2	Next drug?	1, Yes 2, No
med_name3	Name of drug	text
med_dosage3	Dosage	text
med_indic3	Indication	text
med_next3	Next drug?	1, Yes 2, No
med_name4	Name of drug	text
med_dosage4	Dosage	text
med_indic4	Indication	text
med_next4	Next drug?	1, Yes 2, No
med_name5	Name of drug	text
med_dosage5	Dosage	text

med_indic5	Indication	text
med_next5	Next drug?	1, Yes 2, No
med_name6	Name of drug	text
med_dosage6	Dosage	text
med_indic6	Indication	text
med_next6	Next drug?	1, Yes 2, No
med_name7	Name of drug	text
med_dosage7	Dosage	text
med_indic7	Indication	text
med_next7	Next drug?	1, Yes 2, No
med_name8	Name of drug	text
med_dosage8	Dosage	text
med_indic8	Indication	text
med_next8	Next drug?	1, Yes 2, No
med_name9	Name of drug	text
med_dosage9	Dosage	text
med_indic9	Indication	text
med_next9	Next drug?	1, Yes 2, No
med_name10	Name of drug	text
med_dosage10	Dosage	text
med_indic10	Indication	text
med_drug_notes	Notes	text
med_reg	Do you take five or more medicines regularly (applies to medicines prescribed by a doctor)?	1, Yes 2, No 3, Not known
med_forget	Do you occasionally forget to take your medications prescribed by your doctor?	1, Yes 2, No 3, Not known

Hypolipidemics		
med_hypolipid_fu	Hypolipidemics (drugs to reduce fat)	1, None 2, Fibrates 3, Statins 4, Resins 5, Nicotine acid 6, Other (e.g. Ezetimib) 7, Not known
med_hypolipid_spec	If other, please specify:	text
med_hypolipid_date	Please state the date when you start using hypolipidemics	text (date)
Antithrombotic drugs, anticoagulants		
med_antithromb_fu	Antithrombotic drugs, anticoagulants	1, None 2, Acetylsalicylic acid (Godasal, Anopyrin, Acylpyrin) 3, Ticlopidine (Ipaton, Tagren) 4, Clopidogrel (Trombex, Clorogen) 5, Rivaroxaban (Xarelto) 6, Warfarin, Lawarin 7, Dabigatran (Pradaxa) 8, Apixaban-Eliquis 9, Edoxaban-Liciana 10, Low molecular weight heparins (Clexane, Fraxiparine, Fragmin, Zibor) 11, Indobufen (Ibustrin) 12, Other 13, Not known
med_antithromb_spec	If other, please specify:	text
med_antithromb_date	Please state the date when you start using antithrombotic drugs, anticoagulants	text (date)

	Diuretics	
med_diuret	Diuretics	1, None 2, Loop diuretics 3, Thiazide 4, Potassium sparing 5, Other 6, Not known
med_diuret_spec	If other, please specify:	text
med_diuret_date	Please state the date when you start using diuretics	text (date)
	Alpha- or beta-blockers, calcium channel blockers, other vasodilators	
med_vasodil	Alpha- or beta-blockers, calcium channel blockers, other vasodilators	1, None 2, Betablockers 3, Alpha-1-blockers for the treatment of benign prostatic hyperplasia (BHP) (N40) 4, Alpha-blockers for the treatment of hypertension 5, Calcium channel blockers 6, Angiotensin converting enzyme inhibitors 7, Sartains 8, Renin inhibitors (aliskiren) 9, Central imidazole inhibitors 10, Not known
	When you start using the medications stated above?	
med_vasodil_betab	Beta-blockers	text (date)
med_vasodil_alfab	Alpha-blockers	text (date)
med_vasodil_cachannel	Calcium channel blockers	text (date)
med_vasodil_ace	Angiotensin converting enzyme inhibitors	text (date)
med_vasodil_sartans	Sartains	text (date)
med_vasodil_renin	Renin inhibitors (aliskiren)	text (date)
med_vasodil_imidazolin	Central imidazole inhibitors	text (date)

	Other medication	
med_other	Are you taking drugs from the above-mentioned category?	1, Yes 2, No 3, Not known
med_other_spec	If yes, please specify:	1, Insulin 2, Oral antidiabetics 3, Drugs with nitroglycerin 4, Thyroid hormones 5, Corticosteroids 6, Xanthine oxidase inhibitors (Milurit) 7, Immunosuppressants 8, Antihistamines 9, Testosterone 5-alpha-reductase inhibitors (Finasteride) - medication for BPH 10, Other 11, Not known
med_other_spec2	If other, please specify:	text
med_notes	Notes	text
med_supplem	Do you currently use any food supplements, vitamin preparations or preparations containing minerals (eg calcium, zinc, magnesium, etc.)? (In the last 2 weeks?)	1, Yes, regularly (at least 3 times a week) 2, Yes, irregularly (less than 3 times a week) 3, No 4, Not known
med_supplem_spec	If regularly, please specify:	1, Vitamin C, E, A, carotene 2, Other antioxidants (flavonoids, polyphenols, etc.) 3, B vitamins (B1, B2, B6, B12) 4, Vitamin D 5, Omega -3- unsaturated acids, fish oil

- 6, Calcium
- 7, Iodine
- 8, Magnesium
- 9, Other preparations containing minerals (Zinc, selenium, etc.)
- 10, Nutritional supplements to support the musculoskeletal system, eg in osteoarthritis (Geladrink; chondroitin sulfate- Condrosulf, Chondrofort; etc.)
- 11, Wobenzym, Proenzi
- 12, Koenzym Q10
- 13, Lecithin
- 14, Other
- 15, Not known

med_supplem_spec2

If irregularly, please specify:

text

med_notes_2

Notes

6. Medication ATC

Individual medications are categorized into ATC groups based on the State Institute for Drug Control (SÚKL) classification:

https://prehledy.sukl.cz/prehled_leciv.html#/atc-skupiny

864 complete case reports are available: 579 participants use some medications, 285 participants do not use any medications.

Variable name	Question	Values
med_atc	Medication	sql (autocomplete)

7. Questions for women

448 complete case reports are available. The methodology was derived from the MONICA study

Reference: <http://www.thl.fi/publications/monica/>

Variable name	Question	Values
women_mens_start	At what age did you start menstruating?	text (age)
women_hc	Have you ever used hormonal contraceptives?	1, Yes, currently using 2, Yes, in past 3, No, never 4, Not known
women_hc_spec	If yes, please specify:	1, Oral tablets (eg estrogen + progestogen or estrogen only) 2, Transdermal therapeutic systems - patches (combination of estrogen + progestogen) 3, Intrauterine body with a hormonal component, eg Mirena (gestagen) 4, Vaginal form of administration, eg vaginal ring (combination of estrogen + progestogen) 5, Injection form (intramuscular depot form, usually given once a month, progestogen) 6, Intradermal implants (usual duration of action 3-5 years, gestagen)
women_hc_y	How long have you been using hormonal contraception (total lifetime use)?	text (years)
women_hc_m	How long have you been using hormonal contraception (total lifetime use)?	text (months)

women_mens	Are you currently on your period (regular monthly bleeding)?	1, Yes 2, Yes, but irregular 3, No (menopause for 12 months) 4, Not known
women_mens_stop	If not, please specify age when you stopped menstruating:	text (age)
women_menopause	During your hormonal transition, did you take hormonal replacement therapy (HRT) to relieve menopausal problems (both oral and transdermal form)?	1, Yes, I use it right now 2, Yes, but not now (I used in the past) 3, No, never 4, Not known
women_menopause_y	If yes, please specify for how long did you use HRT to alleviate menopausal problems (years)	text (years)
women_menopause_m	If yes, please specify for how long did you use HRT to alleviate menopausal problems (months)	text (months)
women_menopause_type	Was menopause spontaneous or medically induced?	1, Natural onset of menopause 2, Surgical induction of menopause 3, Another type of medically induced menopause 4, Not known
women_menopause_ind	If surgical induction, please specify:	1, Hysterectomy (surgical removal of the uterus) 2, Unilateral ovarian removal 3, Bilateral ovarian removal 4, Not known
women_preg	How many times have you been pregnant?	text (number)
women_gb	How many times have you given birth?	text (number)
women_children	How many children were born to you?	text (number)
women_d	Have you had any serious disease of the reproductive organs or a serious health problem related to pregnancy?	1, Yes 2, No 3, Not known

women_d_spec	If yes, please specify:	<ul style="list-style-type: none"> 1, Eclampsia (O15) 2, Preeclampsia (O14) 3, Endometriosis (N80) 4, Uterine fibroids (D25.9) 5, Polycystic ovary syndrome (E28.2) 6, Spontaneous abortion (O03) 7, Other
women_d_spec2	If other, please specify:	text
women_d_spec2_mkn	Other serious disease of the reproductive organs ICD-10 code	text (ICD-10 code)
women_notes	Notes	text

8. Education, Profession, Income

The methodology was derived from the MONICA study.

864 complete case reports are available.

Reference: <http://www.thl.fi/publications/monica/>

Reference: Occupational classification (CZ-ISCO): https://www.czso.cz/csu/czso/klasifikace_zamestnani_-cz_isco-

Variable name	Question	Values
	Household	
hh_adult	How many adults (over 18 years of age) including you live in your household?	text (number)
hh_child	How many children (under 18) live in your household?	text (number)
hh_state	What is your current family situation?	1, Living in a couple with a child 2, Living in a couple without a child 3, Monoparental household (household with one parent) 4, Living alone 5, Other
hh_state_spec	If other, please specify:	text
hh_generation	How many generations live in your household?	text (number)
hh_notes	Notes	text
	Care for other persons	
care	Do you provide care or assistance at least once a week to someone who suffers from chronic health problems or illnesses or needs care in old age?	1, Yes 2, No
care_time	How many hours a week do you take care of this person?	text (hours)
care_person	This person or persons are:	1, Family member 2, Other person (except family member)
income	What is the total net monthly income of your household?	1, Less than 15 000 CZK 2, 15 000-30 000 CZK 3, 30 000-45 000 CZK

		4, 45 000-60 000 CZK 5, More than 60 000 CZK 6, Without answer
hh_rate	How would you assess the current financial situation of your household?	1, Very well 2, Quite good 3, Good 4, Irregular financial problems 5, Bad 6, Regular financial problems
hh_notes2	Notes	text
	Education	
educ_present	What is your current highest level of education?	1, No education 2, Basic education (even incomplete) 3, Secondary including apprenticeship (without GCSE) 4, Complete secondary general (with GCSE) 5, Full secondary vocational (with GCSE) 6, Postgraduate studies (including post-secondary studies) 7, Higher vocational 8, Bachelor degree 9, Master degree 10, Doctoral
educ_y	How many years of formal education have you completed?	text (years)
educ_notes	Notes	text
	Economic activity	
ea	What is your job status?	1, Employee 2, Self-employed 3, Pensioner 4, Disabled pensioner (full ID) 5, Disabled pensioner (partial ID) 6, Maternity leave

		7, Household 8, Student (full-time study) 9, Unemployed
ea_position	What is your profession (occupation)? CZ-ISCO classification	sql (autocomplete)
ea_time_y	How long have you been doing this job?	text (years)
ea_time_m	How long have you been doing this job?	text (months)
ea_note	Notes about job	text
ea_work	Are you currently working?	1, Yes full time 2, Yes, part time 3, No
ea_weekhour	If yes, how many hours do you spend working in your typical week?	text (hours)
ea_type	When you work which of the following best describes what you're doing?	1, Mostly sitting or standing 2, Mostly walking or moderate physical activity 3, Mostly hard work or physically demanding activity 4, I do not perform any work activity
ea_night	Has your work ever included night work?	1, Yes currently 2, Yes but in the past 3, No, never
ea_night_type	If yes, what is the nature of this work at night?	1, Day shifts with occasionally night shifts 2, Regular night shifts (at least 4 hours of work between 10 pm to 6 am) 5, Shift work (two or three shift)
ea_night_d	How many days a month do you usually work at night?	text (days)
ea_night_start	At what age did you start working in the above work mode	text (age)
ea_night_end	At what age did you stop working in the above work mode	text (age)
ea_night_y	How many years have you worked / are you working in the work mode mentioned above?	text (years)
ea_night_m	How many months have you worked / are you working in the work mode mentioned above?	text (months)
ea_notes	Notes	text

9. Smoking and Weight

The section includes **Personal history of smoking**, first question of **Fagerström Test of Nicotine Dependence (FTND)** (source: *Payne, T. J., Smith, P. O., McCracken, L. M., McSherry, W. C., & Antony, M. M. (1994). Assessing nicotine dependence: A comparison of the Fagerström Tolerance Questionnaire (FTQ) with the Fagerström Test for Nicotine Dependence (FTND) in a clinical sample. Addictive behaviors, 19(3), 307-317*), **Readiness to quit ladder** (source: from *Mayo Clinic Nicotine Dependency Center (CRF 1: Information Session (from Ivana Croghan)*), **Quitting: Quit attempts** (source: *CRF 1: Information Session (from Ivana Croghan)*), **Weight, Overeating**.

864 complete case reports are available.

Variable name	Question	Values
	Smoking	
smoking	Do you smoke cigarettes daily (at least 1 cig / day), less than daily or not at all?	1, Yes, daily (at least 1 cig/day) 2, Yes, less than 1 cig/day 3, No but I smoked in the past 4, No, never (less than 100 cig/life) 5, Not now, but occasionally
smoking_sezonne	If occasionally, please specific the period	text
smoking_past	If smoked in the past, how often you smoked cigarettes?	1, Daily 2, Less than daily 3, Without answer
smoking_nb_d	If daily, how many cigarettes did you smoke per day?	text (number)
smoking_nb_m	If less than daily, how many cigarettes did you smoke per month?	text (number)
smoking_age	How old were you when you started smoking cigarettes?	text (age)
smoking_duration	How long have you been smoking?	text (years)
smoking_stop	If smoked in the past, when did you stopped smoking?	1, Less than month ago 2, Less than 6 months ago 3, Less than 12 months ago 4, More than 12 months ago
smoking_stop_spec	If more than 12 months ago, please specify:	text (years)
smoke_quit	Have you ever made a serious attempt to quit smoking that lasts longer than one day (24	1, Yes

	hours)?	2, No
smoke_quit_no	If yes, how many times?	text (number)
smoke_quit_when	If yeas, when was the last time you tried to quit smoking?	1, In the last year 2, More than year ago
smoke_quit_no5	If yes, how many quit attempts lasted longer than 5 days?	text (number)
smoke_quit_md	Have you been advised by a doctor or other health professional to stop smoking?	1, Yes 2, No 3, Not known
smoke_quit_help	Have you ever used smoking cessation counselling?	1, Yes 2, No 3, Not known
smoke_quit_nrt	Have you ever used a nicotine patch, chewing gum, spray and other nicotine replacement products to quit smoking?	1, Yes currently 2, Yes, in last 12 months 3, Yes, used to before 4, No
smoke_quit_nrt_spec	If yes, please specify the type:	text
smoke_quit_drug	Have you ever taken medication to stop smoking (other than nicotine replacement therapy)?	1, Yes currently 2, Yes, in last 12 months 3, Yes, used to before 4, No
smoke_quit_drug_spec	If yes, please specify:	1, Bupropion/Zyban/Wellbutrin 2, Chantix/Champix 3, Tabex/Cytisine 4, Other
smoke_quit_drug_spec2	If other, please specify:	text
smoke_tp	Have you ever used any of the following tobacco products: hookah, pipe, snuff, chewing tobacco, hand-rolled cigarette, e-cigarette, heated tobacco products (iQOS) or cigar?	1, Yes currently 2, Yes in the past 3, No never

smoke_tp_present	If currently, please specify the products you are using:	1, Hookah 2, Pipe 3, Snuff 4, Chewing tobacco 5, Hand – packed cigarettes 6, E-cigarettes 7, Heated tobacco products (iQOS) 8, Cigar
smoke_tp_past	If in the past, please specify the products you were using:	1, Hookah 2, Pipe 3, Snuff 4, Chewing tobacco 5, Hand – packed cigarettes 6, E-cigarettes 7, Heated tobacco products (iQOS) 8, Cigar
smoke_ec_when	If e-cigarette, please specify when you used it:	1, In the last year 2, More than year ago
smoke_iqos_when	If Heated tobacco products, please specify when you used it:	1, In the last year 2, More than year ago
	How often do you use / have you used these products?	
smoke_tp_1	Hookah	1, Less than once per month
smoke_tp_2	Pipe	2, 1-3 times per month
smoke_tp_3	Snuff, chewing tobacco	3, Once per week
smoke_tp_4	Hand – packed cigarettes	4, 2-4 times per week
smoke_tp_5	E-cigarette	5, 5-6 times per week
smoke_tp_6	Heated tobacco products (iQOS)	6, Once per day
smoke_tp_7	Cigar	7, 2-3 times per day 8, 4-5 times per day 9, 6 and more times per day
	Fagerström test of nicotine dependence	
ftnd	How soon after waking up do you smoke your first cigarette?	1, Within 5 minutes 2, In 6-30 minutes 3, In 31-60 minutes 4, After 60 minutes

	Quit smoking readiness and barriers	
rq	Please choose one of the options that best describes your attitude to smoking or your readiness to quit.	1, Ready to stop now 2, Consumption restrictions 3, Considering consumption restrictions 4, Should stop, but not ready now 5, Considering quit in the future 6, Not ready to stop
smoker	What prevents you from quitting?	1, Like smoking, don't want to stop 2, Difficult to change habits 3, Weak will 4, Nervous or anxious if not smoking 5, Concern about weight gain if I stop smoking 6, Other
smoker_spec	If other, please specify:	text
	Passive smoking and non-smoking restaurant In the last month, have you been exposed to cigarette smoke from other people in any of the following places?	
smoker_pasive_1	Workplace	1, Never or less than month 2, 1-3 times per month
smoker_pasive_2	Household	3, Once per week 4, 2-4 times per week
smoker_pasive_3	Restaurant	5, 5-6 times per week 6, Once per day
smoker_pasive_4	Another place	7, 2-3 times per day 8, 4-5 times per day 9, 6 and more times per day
smoke_rest	Are you satisfied with the introduction of non-smoking restaurants?	1, Yes 2, No 3, Not known
smoke_notes	Smoking - notes	text

	Weight	
weight_change	Has your body weight changed in the last year?	1, Yes, decreased 2, Yes, increased 3, No, my weight fluctuated but now is the same as year ago 4, No, stable
weight_down	If decreased, please specify your weight decrease:	text (kilograms)
weight_up	If increased, please specify your weight increase:	text (kilograms)
weight_down_plan	Is the above weight loss the result of intentional weight loss?	1, Yes 2, No
weight_rate	How do you rate your current body weight?	1, My weight is fine 2, My weight is higher than should be 3, My weight is lower than should be 4, Don't care about my weight
weight_rate2	I think I have:	1, Normal weight 2, Overweight 3, Obesity
weight_md	Has your doctor or other healthcare professional ever told you that you are overweight?	1, Yes 2, No 3, Not known
weight_md_down	Has a doctor or other healthcare professional ever recommended that you reduce your weight?	1, Yes 2, No 3, Not known
weight_help	Have you ever used specialized expert advice to reduce weight?	1, Yes 2, No 3, Not known
weight_stable	Do you feel confident in maintaining your weight?	1, Sure 2, Quite sure 3, Not sure 4, Not known, don't care about weight
weight_notes	Weight - notes	text

10. Sleep

Czech version of the Pittsburgh Sleep Quality Index – PSQI was utilized for this section. The PSQI is a valuable tool for assessing sleep quality and patterns in older adults. It distinguishes between "poor" and "good" sleep by evaluating seven domains.

Reference: Buysse DJ, Reynolds CF, Monk TH, Berman SR, Kupfer DJ: Psychiatry Research, 28:193-213, 1989

The Berlin Questionnaire is a straightforward screening tool for sleep apnea, designed to swiftly determine the risk level (ranging from low to high) of sleep disordered breathing. This questionnaire comprises three categories, and the risk assessment relies on individual item responses as well as overall scores within these symptom categories.

Scoring can be done in two ways, both adapted from the original Netzer's article. (Netzer NC, Stoohs RA, Netzer CM, Clark K, Strohl KP. Using the Berlin Questionnaire to identify patients at risk for the sleep apnea syndrome. *Ann Intern Med.* 1999 Oct 5;131(7):485-91). The questionnaire, also known as the UK scoring system, is utilized by the British Snoring & Sleep Apnoea Association (*British Snoring & Sleep Apnoea Association [online], 2018. Suffolk, England: Precision Marketing Group [cit. 2019-09-30]. britishsnoring.co.uk*). The US scoring version is incorporated into the questionnaire published at Philips Respironics Sleep Apnea Care (*Philips Respironics Sleep Apnea Care [online], 2010. Amsterdam, The Netherlands: Koninklijke Philips N.V. [cit. 2019-09-30]*).

Reference: https://www.usa.philips.com/c-dam/b2bhc/master/whitepapers/sleep-therapy/1040664_BerlinQNCRForms.pdf

864 complete case reports are available.

Variable name	Question	Values
	Pittsburgh university sleep quality questionnaire Instructions: The following questions are about your usual sleep habits only during the last month (last 30 days). In your answers, you should indicate the condition that most accurately captures most days and nights in the past month.	
sleep_1	What time did you usually go to bed in the evening during the last month?	text (time)
sleep_2	How long did it usually take you to fall asleep every night during the last month?	text (minutes)
sleep_3	What time did you usually get out of bed in the morning during the last month?	text (time)
sleep_4_h	How long did you usually sleep last month? (This may differ from the number of hours spent in bed.)?	text (hours)

sleep_4_m	How long did you usually sleep last month? (This may differ from the number of hours spent in bed.)?	text (minutes)
	How often have you had trouble sleeping during the last month because:	
sleep_psqi_1	...you could not sleep within 30 minutes	1, Never in the last month 2, Less than once a week 3, Once or two times per week 4, Three or more times per week
sleep_psqi_2	...you woke up in the middle of the night or early in the morning	1, Never in the last month 2, Less than once a week 3, Once or two times per week 4, Three or more times per week
sleep_psqi_3	...you had to get up and go to the toilet	1, Never in the last month 2, Less than once a week 3, Once or two times per week 4, Three or more times per week
sleep_psqi_4	...you could not breathe well	1, Never in the last month 2, Less than once a week 3, Once or two times per week 4, Three or more times per week
sleep_psqi_5	...you cough or snore loud	1, Never in the last month 2, Less than once a week 3, Once or two times per week 4, Three or more times per week
sleep_psqi_6	...you were too cold	1, Never in the last month 2, Less than once a week 3, Once or two times per week 4, Three or more times per week
sleep_psqi_7	...you were too hot	1, Never in the last month 2, Less than once a week 3, Once or two times per week 4, Three or more times per week

sleep_psqi_8	...you had bad dreams	1, Never in the last month 2, Less than once a week 3, Once or two times per week 4, Three or more times per week
sleep_psqi_9	...you had pain	1, Never in the last month 2, Less than once a week 3, Once or two times per week 4, Three or more times per week
sleep_psqi_10	...you have had symptoms of restless legs syndrome	1, Never in the last month 2, Less than once a week 3, Once or two times per week 4, Three or more times per week
sleep_psqi_11	...other reasons	1, Never in the last month 2, Less than once a week 3, Once or two times per week 4, Three or more times per week
sleep_psqi_11_spec	If other reasons, please specify:	text
sleep_5	Overall, how would you rate the quality of your sleep over the past month?	1, Very good 2, Quite good 3, Quite bad 4, Very bad
sleep_6	How many times have you taken medicines or other medicines to help you fall asleep and sleep (with or without a prescription) in the last month?	1, Never in the last month 2, Less than once a week 3, Once or twice a week 4, Three or more times a week
sleep_7	During the past month, how often did you feel sleepy while driving, eating, or doing other social activities?	1, Never in the last month 2, Less than once a week 3, Once or twice a week 4, Three or more times a week

sleep_8	How difficult has it been for you to maintain enough vigor to complete activities over the last month?	1, Never in the last month 2, Less than once a week 3, Once or twice a week 4, Three or more times a week
psqi_score	Global PSQI Score	calculation
sleep_notes	PSQI -. notes Additional questions	text
sleep_9	How often during the last month did you take a nap during the day (5 minutes or more)?	1, Always 2, Often 3, Quite often 4, Sometimes 5, Once a time 6, Never
sleep_10	How often during the last month have you had (enough sleep) as much sleep as you need?	1, Always 2, Often 3, Quite often 4, Sometimes 5, Once a time 6, Never
sleep_11	How often during the last month have you had regular sleep periods (regular sleep mode)?	1, Always 2, Often 3, Quite often 4, Sometimes 5, Once a time 6, Never
sleep_12_h	If you do not have a regular sleep pattern or if you take a nap during the day, WHAT IS THE USUAL total sleep time (number of hours of sleep) in 24 hours? (Note: this time may differ from the time spent in bed). Please indicate the average time spent sleeping during 24 hours.	text (hours)
sleep_12_m	If you do not have a regular sleep pattern or if you take a nap during the day, WHAT IS THE	text (minutes)

	USUAL total sleep time (number of hours of sleep) in 24 hours? (Note: this time may differ from the time spent in bed). Please indicate the average time spent sleeping during 24 hours.	
	<p>Chronotype</p> <p>Individuals with a morning chronotype are characterized by getting up early, their performance is highest in the morning, they lose strength during the afternoon, in the evening they feel tired and go to bed early. They are popularly referred to as "larks" or "morning birds". Long nights are typical for individuals with an evening chronotype, because they have the most energy in the afternoon and evening. The real misery for them is getting up in the morning, the sooner the worse. They are popularly called "owls".</p>	
sleep_chrono	Chronotype assessment: There are "morning" and "evening" types of people, what type do you consider yourself?	1, Unequivocally morning person 2, More likely morning person than evening person 3, More likely evening person than morning person 4, Unequivocally evening person 5, Don't know
	Berlin questionnaire	
sleep_bq_1	Are you snoring?	1, Yes 2, No 3, Not known
sleep_bq_2	If yes, your snoring is:	1, Slightly louder than breathing 2, Same louder as speaking 3, Louder than speaking 4, Very loud, could be hear in the next room
sleep_bq_3	How often do you snore?	1, Almost every day 2, 2-4 times per week 3, 1-2 times per week 4, 1-2 times per month 5, Never or barely ever

sleep_bq_4	Has your snoring ever bothered other people?	1, Yes 2, No 3, Not known
sleep_bq_5	Has anyone noticed that you would stop breathing during sleep for a while?	1, Almost every day 2, 3-4 times per week 3, 1-2 times per week 4, 1-2 times per month 5, Never or barely ever
sleep_bq_6	How often do you feel tired after sleep?	1, Almost every day 2, 3-4 times per week 3, 1-2 times per week 4, 1-2 times per month 5, Never or barely ever
sleep_bq_7	Do you feel tired or exhausted during the day?	1, Almost every day 2, 3-4 times per week 3, 1-2 times per week 4, 1-2 times per month 5, Never or barely ever
sleep_bq_8	Have you ever dozed off or fallen asleep while driving?	1, Yes 2, No 3, Not known
sleep_bq_9	If yes, please specify how often:	1, Almost every day 2, 3-4 times per week 3, 1-2 times per week 4, 1-2 times per month 5, Never or barely ever
sleep_notes2	Berlin questionnaire - notes	text
result_usa_fu	<u>USA risk score</u>	Calculation 0, Low risk of sleep apnoe 1, High risk of sleep apnoe

result_gb_fu

GB risk score

Calculation

0, Low risk of sleep apnoe

1, High risk of sleep apnoe

11. IPAQ (long form)

In addition to the International Physical Activity Questionnaire (IPAQ) – long form, this section includes supplementary questions on physical activity.

864 complete case reports are available.

Reference: Pate RR, Pratt M, Blair SN, Haskell WL, Macera CA, Bouchard C et al. Physical activity and public health. A recommendation from the Centers for Disease Control and Prevention and the American College of Sports Medicine. Journal of American

Reference: Medical Association 1995; 273(5):402-7. and U.S. Department of Health and Human Services. Physical Activity and Health: A Report of the Surgeon General. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, The Presidents' Council on Physical Fitness and Sports: Atlanta, GA: USA. 1996.

Variable name	Question	Values
	Physical Activity	
	PART 1: Physical activity in the context of work or study	
ipaq1_1	Do you currently have a job (school attendance) or unpaid work outside your home?	1, Yes 2, No
	<i>The following questions apply to any physical activity that you have done during the last 7 days as part of your paid employment (school attendance) or unpaid work. This does not include relocation to and from work (to and from school).</i>	
ipaq1_2	On how many days during the last 7 days did you perform intensive physical activity, eg lifting heavy loads, digging, heavy construction work, climbing stairs as part of your work or study? Consider only physical activity that has lasted continuously for at least 10 minutes.	text (days)
ipaq1_3_h	How much time did you usually spend on one of these days performing intense physical activity as part of your work or study (on average in one day)?	text (hours)
ipaq1_3_m	How much time did you usually spend on one of these days performing intense physical activity as part of your work or study (on average in one day)?	text (minutes)
ipaq1_4	Again, consider only the physical activity that you performed continuously for at least 10 minutes. During the past 7 days, on how many days did you perform moderate physical activity, such as carrying light loads, as part of your work or study? Please do not include walking.	text (days)

ipaq1_5_h	How much time did you usually spend on one of these days performing moderately strenuous physical activity as part of your work or study (on average per day)?	text (hours)
ipaq1_5_m	How much time did you usually spend on one of these days performing moderately strenuous physical activity as part of your work or study (on average per day)?	text (minutes)
ipaq1_6	On how many days during the last 7 days did you walk continuously for at least 10 minutes as part of your work or study? Please do not include walking to or from work (school).	text (days)
ipaq1_7_h	How much time did you usually spend on one of these days walking as part of your work or study (on average per day)?	text (hours)
ipaq1_7_m	How much time did you usually spend on one of these days walking as part of your work or study (on average per day)?	text (minutes)
	PART 2: Movements – physical activity during transport	
	<i>The following questions relate to how you move from place to place, including places like workplaces, shops, cinemas, etc.</i>	
ipaq2_8	On how many days in the last 7 days did you travel by motorised transport such as train, bus, car or tram?	text (days)
ipaq2_9_h	On one of these days, how much time did you usually spend travelling by train, bus, car, tram or other means of motorised transport (on average per day)?	text (hours)
ipaq2_9_m	On one of these days, how much time did you usually spend travelling by train, bus, car, tram or other means of motorised transport (on average per day)?	text (days)
	Now consider only cycling and walking when traveling to and from work, to and from school, running errands, or otherwise moving from place to place.	
ipaq2_10	On how many days in the last 7 days have you cycled continuously for at least 10 minutes while moving from place to place?	text (days)
ipaq2_11_h	On one of these days, how much time did you usually spend cycling from place to place (on average per day)?	text (hours)
ipaq2_11_m	On one of these days, how much time did you usually spend cycling from place to place (on average per day)?	text (minutes)
ipaq2_12	On how many days in the last 7 days did you walk continuously for at least 10 minutes while moving from place to place?	text (days)
ipaq2_13_h	On one of these days, how much time did you usually spend walking from place to place (on average per day)?	text (hours)

ipaq2_13_m	On one of these days, how much time did you usually spend walking from place to place (on average per day)?	text (minutes)
	PART 3: Housework, home maintenance and family care	
	<i>This section relates to physical activity you have done in and around the house in the last 7 days, such as housework, gardening, work around the house, maintenance of the house(s) and looking after the family.</i>	
ipaq3_14	Consider only physical activity that you have done continuously for at least 10 minutes. On how many days in the last 7 days did you do vigorous physical activity, such as lifting heavy loads, chopping wood, shovelling snow or digging in the garden or around the house?	text (days)
ipaq3_15_h	On one of these days, how much time did you usually spend doing vigorous physical activity in the garden or around the house (on average per day)?	text (hours)
ipaq3_15_m	On one of these days, how much time did you usually spend doing vigorous physical activity in the garden or around the house (on average per day)?	text (minutes)
ipaq3_16	Again, only consider physical activity that you have done continuously for at least 10 minutes. On how many days in the last 7 days did you do moderate physical activity such as carrying light loads, sweeping, washing windows and raking in the garden or around the house?	text (days)
ipaq3_17_h	On one of these days, how much time did you usually spend doing moderate physical activity in the garden or around the house (on average per day)?	text (hours)
ipaq3_17_m	On one of these days, how much time did you usually spend doing moderate physical activity in the garden or around the house (on average per day)?	text (minutes)
ipaq3_18	Once again, only consider physical activity that you have done continuously for at least 10 minutes. On how many days in the last 7 days did you perform moderate physical activity such as carrying light loads, washing windows, scrubbing the floor and sweeping your home?	text (days)
ipaq3_19_h	On one of these days, how much time did you usually spend doing moderate physical activity at home (on average per day)?	text (hours)
ipaq3_19_m	On one of these days, how much time did you usually spend doing moderate physical activity at home (on average per day)?	text (minutes)

	PART 4: Recreation, sport and leisure-time physical activity	
	<i>This section refers to any physical activity you have done in the last 7 days for recreation, sport, exercise or leisure only. Please do not include activities that you have already indicated.</i>	
ipaq4_20	Do not count the walking you have already stated. On how many days in the last 7 days did you walk continuously for at least 10 minutes in your free time?	text (days)
ipaq4_21_h	How much time did you usually spend walking on one of these days in your free time (on average per day)?	text (hours)
ipaq4_21_m	How much time did you usually spend walking on one of these days in your free time (on average per day)?	text (minutes)
ipaq4_22	Only consider physical activity that you have done continuously for at least 10 minutes. On how many days in the last 7 days did you do vigorous physical activity in your free time, such as aerobics, running, fast cycling or fast swimming?	text (days)
ipaq4_23_h	On one of these days, how much time did you usually spend doing vigorous physical activity in your free time (on average per day)?	text (hours)
ipaq4_23_m	On one of these days, how much time did you usually spend doing vigorous physical activity in your free time (on average per day)?	text (minutes)
ipaq4_24	Again, only consider physical activity that you have done continuously for at least 10 minutes. On how many days in the last 7 days did you do moderate physical activity in your free time, such as cycling at a normal pace, swimming at a normal pace and playing tennis doubles?	text (days)
ipaq4_25_h	On one of these days, how much time did you usually spend in your free time doing moderately strenuous physical activity (on average per day)?	text (hours)
ipaq4_25_m	On one of these days, how much time did you usually spend in your free time doing moderately strenuous physical activity (on average per day)?	text (minutes)

	PART 5: Sitting time	
	<i>The last questions are about the time you spend sitting at work, at school, at home, studying and in your free time. This may include time spent sitting at a desk, visiting friends, reading or sitting and lying down to watch TV. Do not include time spent sitting in a motorised means of transport that you have already mentioned.</i>	
ipaq5_26_h	How much time per day did you usually spend sitting on weekdays in the last 7 days (on average per day)?	text (hours)
ipaq5_26_m	How much time per day did you usually spend sitting on weekdays during the last 7 days (on average per day)?	text (minutes)
ipaq5_27_h	How much time per day did you usually spend sitting on weekends in the last 7 days (on average per day)?	text (hours)
ipaq5_27_m	How much time per day did you usually spend sitting on weekends in the last 7 days (on average per day)?	text (minutes)
ipaq_notes_fu	IPAQ - notes	text
	Evaluation of physical activity questionnaire	
ipaq_total_walk_fu	Total Walking Score	calculation (MET-minutes/week)
ipaq_total_walk_2_fu	Total Walking Score - truncated	calculation (MET-minutes/week)
ipaq_total_moderate_fu	Total Moderate Score	calculation (MET-minutes/week)
ipaq_total_moderate_2_fu	Total Moderate Score - truncated	calculation (MET-minutes/week)
ipaq_total_vig_fu	Total Vigorous Score	calculation (MET-minutes/week)
ipaq_total_vig_2_fu	Total Vigorous Score - truncated	calculation (MET-minutes/week)
ipaq_total_fu	Total Physical Activity Score	calculation (MET-minutes/week)
ipaq_total_2_fu	Total Physical Activity Score - truncated	calculation (MET-minutes/week)
ipaq_total_sit_fu	Sitting Total minutes	calculation (minutes/week)
ipaq_walk_fu	Walking days	calculation (days/week)

ipaq_cat_fu	<u>IPAQ category of Physical Activity:</u> 1 – Low Physical Activity 2 – Moderate Physical Activity 3 – High Physical Activity	calculation
ipaq_cat_2_fu	<u>IPAQ TRUNCATED category of Physical Activity:</u> 1 – Low Physical Activity - truncated 2 – Moderate Physical Activity - truncated 3 – High Physical Activity - truncated	calculation
ipaq_cat_ii	<u>IPAQ TRUNCATED category of Physical Activity II.</u> 1 – Inactive 2 – Minimally Active 3 - Active	calculation
Additional questions		
ipaq6_28	On how many days in a typical week do you engage in sport, fitness or recreational (leisure) physical activity for at least 10 minutes at a time? (The question targets physical activities that cause at least a small increase in breathing or heart rate, such as brisk walking, ball games, running, swimming, cycling, etc.)	text (days)
ipaq6_29_h	How much time in total do you spend doing sport, fitness or recreational physical activity in a typical week?	text (hours)
ipaq6_29_m	How much time in total do you spend doing sport, fitness or recreational physical activity in a typical week?	text (minutes)
ipaq6_30	What is the nature of this/these physical activities?	1, Endurance (fast walking, running, swimming) 2, Strengthening (Pilates, circuit training) 3, Combination of endurance and strengthening activity
Quality of life		
ipaq7	In general, how would you rate your own quality of life as a whole? Place on a scale of 1 (very poor, poor) to 100 (excellent).	text (min:0, max: 100)

	Pets	
ipaq8_1	Do you have any pets?	1, Dog 2, Cat 3, None 4, Other
ipaq8_2	If other, please specify:	text
ipaq8_3_d	If any, how often do you walk your pet?	text (times per day)
ipaq8_3_w	If any, how often do you walk your pet?	text (days in week)
ipaq8_4_h	If any, how much time per week do you spend being active with your pet?	text (hours)
ipaq8_4_m	If any, how much time per week do you spend being active with your pet?	text (minutes)
ipaq8_5_d	How often do you take your pet for at least a 30-minute walk or training session?	text (times per day)
ipaq8_5_w	How often do you take your pet for at least a 30-minute walk or training session?	text (days in week)
ipaq_notes2	IPAQ Additional questions - notes	text

12. Nutrition

This section of the questionnaire comprises of the three parts: Dietary assessment, Dietary intake (Food frequency questionnaire) and ALFIA questionnaire (alcohol consumption). Alcohol consumption was evaluated through a guided interview, organized based on a questionnaire format. The questionnaire was initially designed for the Kardioviz project, with the anticipation of broader use in other epidemiological studies.

862 complete cases reports are available.

Reference: Food Frequency Questionnaire; Recetox, Mgr. Bc. Tomáš Průša

Reference: Rest of the questionnaire is based on the Baseline Nutrition questionnaire

Reference: Fiala J, Sochor O, Klimusová H, Homolka M: Alcohol Consumption in Population Aged 25-65 Years Living in the Metropolis of South Moravia, Czech Republic. Cent Eur J Public Health. 2017 Sep;25(3):191-199. doi: 10.21101/cejpha 4481. <https://www.ncbi.nlm.nih.gov/pubmed/29022677>

Variable name	Question	Values
	Nutrition	
nutrition_no	How many times a day do you eat? (What is the usual number of meals you eat in one day)?	1, Once a day 2, Twice a day 3, Three times a day 4, Four times a day 5, Five times a day 6, More than 6 times a day
nutrition_time_first	What time do you usually eat your first meal of the day? <u>Note:</u> a "meal" is defined as the consumption of any food or drink with a minimum energy content of 210 kJ	text (time)
nutrition_time_last	What time do you usually eat your last meal of the day? <u>Note:</u> a "meal" is defined as the consumption of any food or drink with a minimum energy content of 210 kJ	text (time)
nutrition_diet	Are you currently following a diet (or a specific eating regime)?	1, Yes, I decided by myself 2, Yes, doctor told me 3, No
nutrition_diet_spec	If yes, please specify what type of diet you are currently following.	1, Diet for health reasons 2, Healthy eating (according to the general recommendations) 3, Specific nutritional style

nutrition_diet_spec1	If for health reason, please specify:	1, Reduction diet 2, Fat restriction diet for dyslipidemia (high cholesterol) 3, Salt restriction diet (high blood pressure) 4, Diabetic diet (diabetes) 5, Diet for other health problems
nutrition_diet_spec2	If other health problems, please specify:	1, Sparing diet (digestive tract disease) 2, Gluten-free diet 3, Lactose intolerance diet 4, Casein intolerance diet 5, Atopic eczema diet 6, Diet for food allergy (other than casein or lactose intolerance) 7, Diet for warfarin use 8, Diet for hyperuricaemia 9, Other diet
nutrition_diet_spec3	If other diet, please specify:	text
nutrition_diet_spec4	If healthy eating, please specify:	1, Vegetarian diet 2, Vegan diet 3, Dietary style involving fasting (all types and modes fasting) 4, Dietary style linked to religious practices or alternative lifestyles 5, Other specific dietary style
nutrition_diet_spec5	If dietary style involving fasting, please specify:	1, Relief days (reduction of calorie intake compared to a normal day) 2, Reduction of daily food intake (extension of night-time fasting) 3, Inclusion of at least one day without food intake
nutrition_diet_spec6	If other specific dietary style, please specify:	text

nutrition_diet2	You said that you currently follow a specific diet, to what extent do you follow it? (Considering the last 2 weeks)	1, Yes, I follow the diet (always or most of the time) 2, Yes, I follow the diet, but only sometimes or only partially (only some features of the diet) 3, Yes, but rarely (rather not) 4, No, I don't follow the diet (almost never) 5, Don't know
nutrition_diet3	Do you include certain foods in your diet more often, or do you deliberately restrict certain foods?	1, Yes 2, No 3, Not known
nutrition_diet3_out	Please specify which foods in your diet you deliberately restrict (i.e., reduce the amount or frequency of)?	1, Protein: milk, red and fatty meats (beef, pork), sweetened dairy products, cheese 2, Fats: butter, lard, fatty foods (cheese dairy, cold cuts, mayonnaise salads), fatty food preparation 3, Carbohydrates: sugar, honey 4, Carbohydrates: flour, baked goods, sides, sweets, deserts 5, Carbohydrates: beverage sweetening, sweetened beverages (mineral water, sodas) 6, Processed products: sweets, smokes, preservers 7, Salt: salting of food, high salt food (cheese, cold cuts, preserves, pickles, soy sauce, cooking salt) 8, Fast food 9, Alcohol 10, Coffee 11, Other
nutrition_diet3_out_spec	If other, please specify:	text

nutrition_diet3_in	Please specify which foods you deliberately include in your diet (do you eat them more often or in larger quantities)?	<p>1, Lower fat meats: white meat (rabbit, poultry, fish)</p> <p>2, Beneficial fats (fats high in omega-3 and omega-6 polyunsaturated fatty acids): margarines, vegetable oils, healthy food preparation with minimal fat or using vegetable oils</p> <p>3, Fish</p> <p>4, Fruits</p> <p>5, Vegetables</p> <p>6, whole grain bread, grains, cereals, quinoa, buckwheat</p> <p>7, Nuts, seeds</p> <p>8, Legumes</p> <p>9, Plant milks, vegetables alternatives to dairy products</p> <p>10, Green foods (Green barley, chlorella, aloe vera)</p> <p>11, Fibre (psyllium)</p> <p>12, Artificial sweeteners to sweeten beverages</p> <p>13, Other</p>
nutrition_diet3_in_spec	If other, please specify:	text
nutrition_content	How often do you monitor the composition of your food?	<p>1, Almost ever</p> <p>2, Often</p> <p>3, Only sometimes</p> <p>4, Rarely</p> <p>5, Never</p>
nutrition_notes	Nutrition - notes	text

	Food frequency questionnaire <i>Instructions: This questionnaire is about your diet in the last 3 months. In your answers, please estimate how often you have eaten the foods listed ON AVERAGE.</i>	
nutrition_ffq_1	Bread <u>Portion:</u> 60 grams or slice	
nutrition_ffq_2	White pastry <u>Portion:</u> 43 grams or piece	
nutrition_ffq_3	Whole grain bread and whole grain pastry <u>Portion:</u> 70 grams or slice	
nutrition_ffq_4	Oatmeal, semolina, muesli, cornflakes, porridge <u>Portion:</u> 50 grams or handful or 5 tablespoons	
nutrition_ffq_5	Sweet pastry <u>Portion:</u> 80 grams or slice	
nutrition_ffq_6	Cakes and sweet goods <u>Portion:</u> 100 grams or piece	1, 5 times and more per day
nutrition_ffq_7	Salty pastry <u>Portion:</u> 100 grams or piece	2, 3-4 times per day
nutrition_ffq_8	Butter <u>Portion:</u> 10 grams or teaspoon	3, 1-2 times per day
nutrition_ffq_9	Margarine <u>Portion:</u> 10 grams or teaspoon	4, 5-6 times per week
nutrition_ffq_10	Lard <u>Portion:</u> 10 grams or teaspoon	5, 2-4 times per week
nutrition_ffq_11	Curd cottage cheese <u>Portion:</u> 50 grams or 2 tablespoons	6, Once a week
nutrition_ffq_12	Spreaded butter, cream cheese, Lučina <u>Portion:</u> 20 grams or tablespoon	7, 1-3 times per month
nutrition_ffq_13	Processed cheese <u>Portion:</u> 17,5 grams or piece	8, Less than 1 per month
nutrition_ffq_14	Pate <u>Portion:</u> 20 grams or tablespoon	9, Never
nutrition_ffq_15	Honey <u>Portion:</u> 15 grams or teaspoon	

nutrition_ffq_16	Marmalade <u>Portion:</u> 15 grams or teaspoon	
nutrition_ffq_17	Chocolate spread <u>Portion:</u> 15 grams or teaspoon	
nutrition_ffq_18	Milk <u>Portion:</u> 200 ml	
nutrition_ffq_19	Plant milk <u>Portion:</u> 200 ml	
nutrition_ffq_20	Dairy products - yogurt (does not include cheese and cream cheese products) <u>Portion:</u> 150 ml or cup of yogurt, half a drink	
nutrition_ffq_21	Dairy products – cream, curd, pudding, milk rice <u>Portion:</u> 80 ml or cup	
nutrition_ffq_22	Cheese with 30 % fat or less <u>Portion:</u> 45 grams or 3 slices, half of large mozzarella, half of Balkan cheese	1, 5 times and more per day
nutrition_ffq_23	Cheese with 31 % fat or more <u>Portion:</u> 45 grams or 3 slices	2, 3-4 times per day
nutrition_ffq_24	Mould and ripened cheese <u>Portion:</u> 40 grams or half of Hermelín or piece of Niva	3, 1-2 times per day
nutrition_ffq_25	Eggs (all culinary preparations) <u>Portion:</u> 50 grams or piece	4, 5-6 times per week
nutrition_ffq_26	Ham <u>Portion:</u> 45 grams or 3 slices	5, 2-4 times per week
nutrition_ffq_27	Soft salami (e.g., ham salami, Gothaj, Debrecen roast, etc.) <u>Portion:</u> 45 grams or 3 slices	6, Once a week
nutrition_ffq_28	Durable salami (e.g., Vysočina, Herkules, Poličan, Paprikáš, Lovecký salám, etc.) <u>Portion:</u> 15 grams or 6 slices per slice of bread	7, 1-3 times per month
nutrition_ffq_29	Sausages <u>Portion:</u> 100 grams or piece	8, Less than 1 per month
nutrition_ffq_30	Pig slaughter products <u>Portion:</u> 150 grams or piece	9, Never
nutrition_ffq_31	Poultry meat <u>Portion:</u> 120 grams without bones or 200 grams with bones	

nutrition_ffq_32	Pork meat <u>Portion:</u> 100 grams cooked or 150 grams raw	
nutrition_ffq_33	Beef and veal meat <u>Portion:</u> 100 grams cooked or 150 grams raw	
nutrition_ffq_34	Guts <u>Portion:</u> 100 grams cooked or 150 grams raw	
nutrition_ffq_35	Other types of meat <u>Portion:</u> 100 grams	
nutrition_ffq_36	Freshwater fishes (raw, freeze) <u>Portion:</u> 120 grams	1, 5 times and more per day
nutrition_ffq_37	Sea fish, seafood (raw, freeze) <u>Portion:</u> 120 grams	2, 3-4 times per day
nutrition_ffq_38	Smoked, preserved and marinated fish <u>Portion:</u> 120 grams	3, 1-2 times per day
nutrition_ffq_39	Potatoes (cooked, mashed) <u>Portion:</u> 200 grams	4, 5-6 times per week
nutrition_ffq_40	Fries and roasted potatoes <u>Portion:</u> 200 grams	5, 2-4 times per week
nutrition_ffq_41	Pasta <u>Portion:</u> 200 grams	6, Once a week
nutrition_ffq_42	Rice <u>Portion:</u> 200 grams	7, 1-3 times per month
nutrition_ffq_43	Dumplings <u>Portion:</u> 160 grams or 4 slices of bread dumpling or 5 slices of potatoes dumpling	8, Less than 1 per month
nutrition_ffq_fruit	How often do you eat fresh fruit? <u>Portion:</u> 100 grams or 1 apple, 1 orange, banana, a bowl of strawberries, ...	9, Never
nutrition_fruit	If daily, please specify, how many portions of fruit do you eat per day?	text (number of portions)

nutrition_ffq_44	Apples and pears <u>Portion:</u> 150 grams or piece	
nutrition_ffq_45	Plums and blooms <u>Portion:</u> 100 grams or 5 plums or 2 blooms	
nutrition_ffq_46	Peaches, nectarines, apricots <u>Portion:</u> 120 grams or 1 peach or 2 apricots	
nutrition_ffq_47	Grapes <u>Portion:</u> 150 grams	
nutrition_ffq_48	Strawberries <u>Portion:</u> 100 grams or bowls	1, 5 times and more per day 2, 3-4 times per day
nutrition_ffq_49	Berries, forest fruit <u>Portion:</u> 100 grams or bowl	3, 1-2 times per day 4, 5-6 times per week
nutrition_ffq_50	Lemon fruit <u>Portion:</u> 150 grams or piece	5, 2-4 times per week 6, Once a week
nutrition_ffq_51	Bananas <u>Portion:</u> 100 grams without skin or 160 grams with skin	7, 1-3 times per month 8, Less than 1 per month
nutrition_ffq_52	Ananas <u>Portion:</u> 150 grams or bowl	9, Never
nutrition_ffq_53	Kiwi <u>Portion:</u> 80 grams or piece	
nutrition_ffq_veg	How often do you eat raw vegetables? <u>Portion:</u> 100 grams or bell pepper or carrot or 2 tomatoes, ...	
nutrition_ffq_veg2	How often do you eat cooked vegetables? (Except potatoes and other starchy vegetable) <u>Portion:</u> 100 grams	
nutrition_veg	If daily, please specify how many portions do you eat per day?	text (number of portions)
nutrition_ffq_54	Tomatoes <u>Portion:</u> 90 grams or piece or 6 pieces of cherry tomatoes	1, 5 times and more per day 2, 3-4 times per day 3, 1-2 times per day 4, 5-6 times per week 5, 2-4 times per week 6, Once a week 7, 1-3 times per month 8, Less than 1 per month

		9, Never
nutrition_ffq_55	Cucumbers <u>Portion:</u> 100 grams or one third of piece, 3 pieces of pickled cucumbers	
nutrition_ffq_56	Melon <u>Portion:</u> 200 grams or slice	
nutrition_ffq_57	Bell pepper <u>Portion:</u> 150 grams or piece	
nutrition_ffq_58	Cabbage, kale, broccoli, cauliflower, spinach <u>Portion:</u> 150 grams or bowl	
nutrition_ffq_59	Lettuce <u>Portion:</u> 100 grams or bowl	
nutrition_ffq_60	Carrot <u>Portion:</u> 70 grams or piece	1, 5 times and more per day
nutrition_ffq_61	Legumes – except Soya <u>Portion:</u> regular main course portion	2, 3-4 times per day
nutrition_ffq_62	Soya, soya meat and other soya products <u>Portion:</u> 80 grams cooked	3, 1-2 times per day
nutrition_ffq_63	Mushrooms <u>Portion:</u> 120 grams or 5 mushrooms	4, 5-6 times per week
nutrition_ffq_64	Unsalted natural nuts, seeds or kernels <u>Portion:</u> 20 grams or tablespoon	5, 2-4 times per week
nutrition_ffq_65	Salty roast nuts, seeds or kernels <u>Portion:</u> 20 grams or tablespoon	6, Once a week
nutrition_ffq_66	Sugar (used as sweetener to tea or coffee) <u>Portion:</u> 5 grams	7, 1-3 times per month
nutrition_ffq_67	Chocolate, chocolate bars <u>Portion:</u> 50 grams or half piece of chocolate or chocolate bar	8, Less than 1 per month
nutrition_ffq_68	Ice cream <u>Portion:</u> 70 grams or two spoons of ice cream, one piece of processed ice cream	9, Never
nutrition_ffq_69	Wafers, biscuits, gingerbread <u>Portion:</u> 50 grams or half pack of biscuits or one piece of gingerbread	
nutrition_ffq_70	Instant soups and pasta	

	<u>Portion:</u> 60 grams plus water	
nutrition_ffq_71	Chips, salty bars or pretzels <u>Portion:</u> 50 grams or half of the pack	1, 5 times and more per day 2, 3-4 times per day 3, 1-2 times per day
nutrition_ffq_72	Pizza <u>Portion:</u> 1 piece or 100 grams	4, 5-6 times per week 5, 2-4 times per week 6, Once a week
nutrition_ffq_73	Fruit dumplings and other sweet floury dishes (pancakes, fritters) <u>Portion:</u> 330 – 360 grams	7, 1-3 times per month 8, Less than 1 per month 9, Never
nutrition_drink	What is your usual fluid intake?	text (volume in ml)
nutrition_ffq_74	Unflavoured water <u>Portion:</u> 200 ml or glass	
nutrition_ffq_75	Syrup <u>Portion:</u> 10 ml of syrup for 200 ml of water	
nutrition_ffq_76	Flavoured waters - industrially produced, excluding cola drinks (does not include drinks with artificial sweeteners) <u>Portion:</u> 200 ml or glass	
nutrition_ffq_77	Cola beverages <u>Portion:</u> 200 ml or glass	1, 5 times and more per day 2, 3-4 times per day 3, 1-2 times per day
nutrition_ffq_78	Energy drinks <u>Portion:</u> 200 ml or glass	4, 5-6 times per week 5, 2-4 times per week
nutrition_ffq_79	Juice, fresh juice <u>Portion:</u> 200 ml or glass	6, Once a week 7, 1-3 times per month
nutrition_ffq_80	Black and green tea <u>Portion:</u> 250 ml or cup	8, Less than 1 per month 9, Never
nutrition_ffq_81	Fruit tea and herbal tea <u>Portion:</u> 250 ml or cup	
nutrition_ffq_82	Coffee with caffeine <u>Portion:</u> 2 grams of instant coffee or 7 grams of ground coffee	
nutrition_ffq_83	Coffee without caffeine and coffee substitutes <u>Portion:</u> 2 grams of instant non-caffeine coffee or 7 grams of coffee substitutes	
nutrition_ffq_84	Beverages with artificial sweeteners, industrially produced	

	<u>Portion:</u> 200 ml or glass	
nutrition_ffq_85	How often do you add artificial sweeteners into the drinks? <u>Portion:</u> 1 piece in one drink	1, 5 times and more per day 2, 3-4 times per day 3, 1-2 times per day 4, 5-6 times per week 5, 2-4 times per week 6, Once a week 7, 1-3 times per month 8, Less than 1 per month 9, Never
nutrition_ffq_other	Do you eat any other foods regularly?	1, Yes 2, No 3, Not known
nutrition_ffq_86	If yes, please specify:	text
nutrition_ffq_86_spec	How often do you eat this food?	1, 5 times and more per day 2, 3-4 times per day 3, 1-2 times per day 4, 5-6 times per week 5, 2-4 times per week 6, Once a week 7, 1-3 times per month 8, Less than 1 per month 9, Never
nutrition_ffq_other2	Do you eat any other foods regularly?	1, Yes 2, No 3, Not known
nutrition_ffq_87	If yes, please specify:	text
nutrition_ffq_87_spec	How often do you eat this food?	1, 5 times and more per day 2, 3-4 times per day 3, 1-2 times per day 4, 5-6 times per week 5, 2-4 times per week 6, Once a week 7, 1-3 times per month 8, Less than 1 per month

		9, Never
nutrition_ffq_other3	Do you eat any other foods regularly?	1, Yes 2, No 3, Not known
nutrition_ffq_88	If yes, please specify:	text
nutrition_ffq_88_spec	How often do you eat this food?	1, 5 times and more per day 2, 3-4 times per day
ffq_oil	How often do you consume olive oil or other vegetable oils (e.g., rapeseed, sunflower)? <u>Portion:</u> 5 grams or amount for one bowl of salad	3, 1-2 times per day 4, 5-6 times per week 5, 2-4 times per week
ffq_fried	How often do you eat fried or grilled food?	6, Once a week 7, 1-3 times per month 8, Less than 1 per month 9, Never
nutrition_fastfood	How often do you eat fast food? E.g., meals from McDonalds, KFC, kebabs, buffet (e.g., hot dogs), etc. Please include fast food meals eaten outside fast-food establishments, e.g., home delivery.	1, 3 and more times a day 2, 2 times a day 3, Once a day 4, 5-6 times per week 5, 3-4 times per week 6, 1-2 times per week 7, Less than once a week 8, Never
nutrition_visit	Were your dietary choices and intake during yesterday influenced by your visit to Kardioviz today?	1, Yes 2, No 3, Not known
nutrition_visit_spec	If yes, please specify how:	text
nutrition_recall	To be completed by the interviewer: Has a 24-hour recall been conducted?	1, Yes, the record has been adequately completed 2, Yes, but the information provided by the proband is clearly incomplete or there are reasonable doubts about its validity 3, No

nutrition_record	To be completed by the interviewer: Has a 3-days recall been conducted?	1, Yes, the record has been adequately completed 2, Yes, but the information provided by the proband is clearly incomplete or there are reasonable doubts about its validity 3, No
nutrition_notes2	Food frequency questionnaire - notes	text
Alcohol consumption (ALFIA questionnaire)		
alco	During the past 12 months, how often have you consumed a drink containing alcohol?	1, 6 and more times a day 2, 4-5 times a day 3, 2-3 times a day 4, Once a day 5, 5-6 times per week 6, 2-4 times per week 7, Once a week 8, 1-3 times per month 9, Less than once per month 10, Not at all
alco_1	If ever, during the past 30 days, on how many occasions have you had at least one drink of an alcoholic beverage?	text (days, don't know=77)
Overview of standard alcohol doses		
alco_2	During the past 30 days, if you drank alcohol, how many standard doses of alcohol did you drink on average on one occasion?	text (standard doses, don't know=77)
alco_3	During the past 30 days, what was the largest amount of a standard serving of alcohol you drank on one occasion, counting all types of alcoholic beverages together?	text (standard doses, don't know=77)
alco_4	In the last 30 days, how many times did you drink - men: 5 or more / women: 4 or more standard doses (glasses) of alcohol on one occasion?	text (number of occasions, don't know=77)
alco_5	During the past 30 days, when you consumed an alcoholic beverage, how often was it with food? (Meaning with larger meals, such as lunch, dinner, not counting small things like salty bars, chips, nuts and small snacks).	1, Usually with food 2, Occasionally with food 3, Rarely ever with food 4, Never with food
alco_6	Have you had alcohol in the last 7 days?	1, Yes 2, No 3, Not known, don't want to answer

alco_7	On which days did you drink alcohol? (Choose all days on which you drink alcohol)	1, Monday 2, Tuesday 3, Wednesday 4, Thursday 5, Friday 6, Saturday 7, Sunday
alco_8	What kind of alcohol was it?	1, Beer 2, Wine 3, Vermouths 4, Distillates
	How many millilitres of drink did you drink on the days listed?	
alco_beer_10_mo	Beer 10° - Monday	text (ml)
alco_beer_12_mo	Beer 12° - Monday	text (ml)
alco_wine_mo	Wine - Monday	text (ml)
alco_vermouth_mo	Vermouth - Monday	text (ml)
alco_spirit_mo	Distillates - Monday	text (ml)
alco_beer_10_tu	Beer 10° - Tuesday	text (ml)
alco_beer_12_tu	Beer 12° - Tuesday	text (ml)
alco_wine_tu	Wine - Tuesday	text (ml)
alco_vermouth_tu	Vermouth - Tuesday	text (ml)
alco_spirit_tu	Distillates - Tuesday	text (ml)
alco_beer_10_we	Beer 10° - Wednesday	text (ml)
alco_beer_12_we	Beer 12° - Wednesday	text (ml)
alco_wine_we	Wine - Wednesday	text (ml)
alco_vermouth_we	Vermouth - Wednesday	text (ml)
alco_spirit_we	Distillates - Wednesday	text (ml)
alco_beer_10_th	Beer 10° - Thursday	text (ml)
alco_beer_12_th	Beer 12° - Thursday	text (ml)
alco_wine_th	Wine - Thursday	text (ml)
alco_vermouth_th	Vermouth - Thursday	text (ml)
alco_spirit_th	Distillates - Thursday	text (ml)

alco_beer_10_fr	Beer 10° - Friday	text (ml)
alco_beer_12_fr	Beer 12° - Friday	text (ml)
alco_wine_fr	Wine - Friday	text (ml)
alco_vermouth_fr	Vermouth - Friday	text (ml)
alco_spirit_fr	Distillates - Friday	text (ml)
alco_beer_10_sa	Beer 10° - Saturday	text (ml)
alco_beer_12_sa	Beer 12° - Saturday	text (ml)
alco_wine_sa	Wine - Saturday	text (ml)
alco_vermouth_sa	Vermouth - Saturday	text (ml)
alco_spirit_sa	Distillates - Saturday	text (ml)
alco_beer_10_su	Beer 10° - Sunday	text (ml)
alco_beer_12_su	Beer 12° - Sunday	text (ml)
alco_wine_su	Wine - Sunday	text (ml)
alco_vermouth_su	Vermouth - Sunday	text (ml)
alco_spirit_su	Distillates - Sunday	text (ml)
beer_10_vol	Volume of beer 10° per listed week in millilitres	calculation
beer_12_vol	Volume of beer 12° per listed week in millilitres	calculation
wine_vol	Volume of wine per listed week in millilitres	calculation
vermouth_vol	Volume of vermouth per listed week in millilitres	calculation
spirits_vol	Volume of distillates per listed week in millilitres	calculation
beer_10_serv	Standard doses of beer 10° per listed week	calculation
beer_12_serv	Standard doses of beer 12° per listed week	calculation
wine_serv	Standard doses of wine per listed week	calculation
vermouth_serv	Standard doses of vermouth per listed week	calculation
spirits_serv	Standard doses of distillates per listed week	calculation
serv_total	Total number of standard doses of all alcohol beverages per listed week	calculation
beer_10_g	Grams of ethanol of beer 10° per listed week	calculation
beer_12_g	Grams of ethanol of beer 12° per listed week	calculation
wine_g	Grams of ethanol of wine per listed week	calculation
vermouth_g	Grams of ethanol of vermouth per listed week	calculation

spirits_g	Grams of ethanol of distillates per listed week	calculation
g_total	Total grams of ethanol of all alcohol beverages per listed week	calculation
alco_notes	ALFIA questionnaire - notes	text

13. Meals from 24-hours recall

A 24-hour diet recall is a dietary assessment method that involves a structured interview in which participants are prompted to recall all the food and beverages they have consumed within the preceding 24 hours. Dietary data were calculated in the NutriPro Expert 9.3.1.0 software.

858 complete case reports are available.

Variable name	Question	Values
nutri_24_yes	Participant brought a completed 24-hours recall.	1, Yes 2, No
nutri_24_no	Number of meals per day	text (number)
nutri_24_wakeup_time	Wakeup time	text (time)
nutri_24_breakfast	Breakfast?	1, Yes 2, No
nutri_24_breakfast_time	If yes, please specify the time of the breakfast:	text (time)
nutri_24_snack	Morning snack?	1, Yes 2, No
nutri_24_snack_time	If yes, please specify the time of the morning snack:	text (time)
nutri_24_lunch	Lunch?	1, Yes 2, No
nutri_24_lunch_time	If yes, please specify the time of the lunch:	text (time)
nutri_24_snack2	Afternoon snack?	1, Yes 2, No
nutri_24_snack2_time	If yes, please specify the time of the afternoon snack:	text (time)
nutri_24_dinner	Dinner?	1, Yes 2, No
nutri_24_dinner_time	If yes, please specify the time of the dinner:	text (time)
nutri_24_dinner2	Second dinner?	1, Yes 2, No
nutri_24_dinner2_time	If yes, please specify the time of the second dinner:	text (time)
nutri_24_bed_time	Bedtime	text (time)
nutri_24_daysleep	Sleeping during the day?	1, Yes 2, No

nutri_24_daysleep_time	Sleeping time during the day.	text (time)
nutri_24_notes	24-hours recall - notes	text

14. Meals from 3 days recall

Participants were asked to complete a three-day diet record (2 working days and one weekend day during one week) of all consumed food and drink. Diet recall is a dietary method that involves a structured interview, during which participants are prompted to remember and report all the food and beverages they consumed during a specific time period. Detailed information are in paper form.

433 complete case reports (all 3 days) are available.

Variable name	Question	Values
days_yes	Participant brought a completed 24-hours recall.	1, Yes 2, No
nutri_3d_day	Select the day of the recall:	1, One 2, Two 3, Three
nutri_3d_weekend	Was this day a weekend day?	1, Yes 2, No
nutri_3d_no	Number of meals per day	text (number)
nutri_3d_wakeup_time	Wakeup time	text (time)
nutri_3d_breakfast	Breakfast?	1, Yes 2, No
nutri_3d_breakfast_time	If yes, please specify the time of the breakfast:	text (time)
nutri_3d_snack	Morning snack?	1, Yes 2, No
nutri_3d_snack_time	If yes, please specify the time of the morning snack:	text (time)
nutri_3d_lunch	Lunch?	1, Yes 2, No
nutri_3d_lunch_time	If yes, please specify the time of the lunch:	text (time)
nutri_3d_snack2	Afternoon snack?	1, Yes 2, No
nutri_3d_snack2_time	If yes, please specify the time of the afternoon snack:	text (time)
nutri_3d_dinner	Dinner?	1, Yes 2, No
nutri_3d_dinner_time	If yes, please specify the time of the dinner:	text (time)

nutri_3d_dinner2	Second dinner?	1, Yes 2, No
nutri_3d_dinner2_time	If yes, please specify the time of the second dinner:	text (time)
nutri_3d_bed_time	Bedtime	text (time)
nutri_3d_daysleep	Sleeping during the day?	1, Yes 2, No
nutri_3d_daysleep_time	Sleeping time during the day.	text (time)
nutri_3d_notes	3-days recall - notes	text

15. NutriPro

This section contains variables that are computed from a 24-hour recall using the NutriPro Expert 9.3.1.0 software. 856 complete cases reports are available.

Reference: <https://nutripro.cz/>

Variable name	Question	Values
nutripro_yn	Are NutriPro data available?	1, Yes 2, No
nutripro_cev_fu	Total energy expenditure	text (number), [kJ]
nutripro_energy_fu	Energy	text (number), [kJ]
nutripro_prot_fu	Proteins	text (number), [g]
nutripro_lipids_fu	Lipids	text (number), [g]
nutripro_carbohyd_fu	Carbohydrates	text (number), [g]
nutripro_sugar_fu	Sugar	text (number), [g]
nutripro_chol_fu	Cholesterol	text (number), [mg]
nutripro_fiber_fu	Fibre	text (number), [g]
nutripro_na_fu	Sodium	text (number), [mg]
nutripro_k_fu	Potassium	text (number), [mg]
nutripro_ca_fu	Calcium	text (number), [mg]
nutripro_p_fu	Phosphor	text (number), [mg]
nutripro_fe_fu	Iron	text (number), [mg]
nutripro_vitc_fu	Vitamin C	text (number), [mg]
nutripro_fenylal_fu	Phenylalanine	text (number), [g]
nutripro_satfatacid_fu	Saturated fatty acids	text (number), [g]
nutripro_glyk_ind_fu	Glycaemic index	text (number), [-]
nutripro_polyol_fu	Polyols	text (number), [g]
nutripro_popel_celk_fu	Complete ash	text (number), [g]
nutripro_sucrose_fu	Sucrose	text (number), [g]
nutripro_glucose_fu	Glucose	text (number), [g]
nutripro_fruct_fu	Fructose	text (number), [g]
nutripro_lact_fu	Lactose	text (number), [g]

nutripro_malt_fu	Maltose	text (number), [g]
nutripro_ethan_fu	Alcohol - ethanol	text (number), [g]
nutripro_oxal_acid_fu	Oxalic acid	text (number), [g]
nutripro_water_fu	Water	text (number), [g]
nutripro_manit_fu	Mannitol	text (number), [g]
nutripro_sorb_fu	Sorbitol	text (number), [g]
nutripro_kofein_fu	Caffeine	text (number), [mg]
nutripro_theobrom_fu	Theobromine	text (number), [mg]
nutripro_galakt_fu	Galactose	text (number), [g]
nutripro_rafिन_fu	Raffinose	text (number), [g]
nutripro_stach_fu	Stachyose	text (number), [g]
nutripro_mg_fu	Magnesium	text (number), [mg]
nutripro_zn_fu	Zinc	text (number), [mg]
nutripro_cu_fu	Copper	text (number), [mg]
nutripro_mn_fu	Manganese	text (number), [mg]
nutripro_se_fu	Selenium	text (number), [µg]
nutripro_vita_fu	Retinol (Vitamin A)	text (number), [µg]
nutripro_betacar_fu	Beta carotene	text (number), [µg]
nutripro_alfatokof_fu	Alfa tocopherol	text (number), [mg]
nutripro_vitd_iu_fu	Vitamin D	text (number), [UI]
nutripro_vitd_mg_fu	Vitamin D	text (number), [µg]
nutripro_thiam_fu	Thiamine (Vitamin B1)	text (number), [mg]
nutripro_ribof_fu	Riboflavin (Vitamin B2)	text (number), [mg]
nutripro_niac_pref_fu	Niacin, nicotinic acid (preformed)	text (number), [mg]
nutripro_niac_tot_fu	Niacin (Total equivalent)	text (number), [NE]
nutripro_panto_acid_fu	Pantothenic acid	text (number), [mg]
nutripro_pyrid_fu	Pyridoxin (Vitamin B6)	text (number), [mg]
nutripro_folac_fu	Folacin, folate naturally occurring	text (number), [µg]
nutripro_vitb12_fu	Vitamin B12	text (number), [µg]
nutripro_vitk_fu	Vitamin K	text (number), [µg]

nutripro_folic_acid_fu	Folic acid	text (number), [µg]
nutripro_trypt_fu	Tryptophan	text (number), [g]
nutripro_threo_fu	Threonine	text (number), [g]
nutripro_isol_fu	Isoleucine	text (number), [g]
nutripro_leuc_fu	Leucine	text (number), [g]
nutripro_lysine_fu	Lysine	text (number), [g]
nutripro_methio_fu	Methionine	text (number), [g]
nutripro_cystin_fu	Cystine	text (number), [g]
nutripro_tyros_fu	Tyrosine	text (number), [g]
nutripro_valin_fu	Valine	text (number), [g]
nutripro_argin_fu	Arginine	text (number), [g]
nutripro_histid_fu	Histidine	text (number), [g]
nutripro_alan_fu	Alanine	text (number), [g]
nutripro_aspar_acid_fu	Aspartic acid	text (number), [g]
nutripro_glut_acid_fu	Glutamic acid	text (number), [g]
nutripro_glyc_fu	Glycine	text (number), [g]
nutripro_prol_fu	Proline	text (number), [g]
nutripro_serin_fu	Serine	text (number), [g]
nutripro_aspar_fu	Aspartame	text (number), [mg]
nutripro_transfatac_total_fu	Total trans fatty acids	text (number), [g]
nutripro_plant_stre_total_fu	Total plant sterols	text (number), [mg]
nutripro_monofatac_total_fu	Total monounsaturated fatty acids	text (number), [g]
nutripro_polyfatac_total_fu	Total polyunsaturated fatty acids	text (number), [g]
nutripro_monosach_total_fu	Total monosaccharides	text (number), [g]
nutripro_disach_total_fu	Total disaccharides	text (number), [g]
nutripro_chol_total_fu	Total choline	text (number), [mg]
nutripro_monofatac_omega3_fu	Total monounsaturated fatty acids omega 3	text (number), [-]
nutripro_polyfatac_omega6_fu	Total polyunsaturated fatty acids omega 6	text (number), [-]
nutripro_notes	NutriPro - notes	text

16. Self-Report

This section includes PSS, PHQ-8, TIPI, DERS-18, and LSQ-HS questionnaires.

The Cohen Perceived Stress Questionnaire (PSS) assesses the extent to which individuals perceive situations in their lives as stressful. The questionnaire includes items intended to gauge the level of unpredictability, uncontrollability, and overload that respondents experience in their lives. This scale measures the overall amount of stress in an individual's life, rather than their response to a specific stressor. The version utilized in this study comprises 10 items.

Reference: Cohen S, Kamarck T, Mermelstein R, A global measure of perceived stress J. of Health and Social Behavior 24: 285-396
Cohen, S. and Williamson, G. Perceived Stress in a Probability Sample of the United States. Spacapan, S. and Oskamp, S. (Eds.) The Social Psychology of Health. Newbury Park, CA: Sage, 1988.

The PHQ-8 is an abbreviated 8-item depression module derived from the complete Patient Health Questionnaire (PHQ).

Reference: Kroenke K, Spitzer RL, Williams JBW: The PHQ-8. Validity of a Brief Depression Severity Measure. J Gen Intern Med. 2001 Sep; 16(9): 606–613.
doi: [10.1046/j.1525-1497.2001.016009606](https://doi.org/10.1046/j.1525-1497.2001.016009606).

DERS18 = The Difficulties in Emotion Regulation Scale is an instrument designed to assess difficulties in emotion regulation. This scale offers a comprehensive perspective on emotion regulation, encompassing not only the modulation of emotional arousal but also the facets of emotional awareness, understanding, and acceptance, as well as the capacity to act in accordance with one's intentions despite their emotional state.

Reference: Victor, S. E., & Klonsky, E. D. (2016). Validation of a brief version of the Difficulties in Emotion Regulation Scale (DERS-18) in five samples. Journal of Psychopathology and Behavioral Assessment, in press.

TIPI = TEN ITEM PERSONALITY MEASURE is a 10-item measure of the Big Five (or Five-Factor Model) dimensions.

Reference: Gosling, S. D., Rentfrow, P. J., & Swann, W. B., Jr. (2003). A Very Brief Measure of the Big Five Personality Domains. Journal of Research in Personality, 37, 504-528.

LSQ-HS = Life scale quality

863 complete case reports are available.

Variable name	Question	Values
pss	Has the self-report been completed?	1, Yes 2, No
	1. DEPRESSION SYMPTOM ASSESSMENT (PHQ-8) <i>How often have you been bothered by any of these problems in the last 2 weeks?</i>	
dep_1	Little interest or pleasure in the things you do.	
dep_2	Feeling down, feeling depressed or hopeless.	
dep_3	Difficulty falling asleep, interrupted sleep or sleeping too much.	
dep_4	Feeling tired or lacking energy.	
dep_5	Little appetite or overeating.	0, Not at all 1, Few days 2, More than half days a week 3, Almost every day
dep_6	You had a bad feeling about yourself - that your life didn't go well or that you let yourself or your family down.	
dep_7	Difficulty concentrating, e.g., when reading the newspaper or watching TV.	
dep_8	Did you move or speak slowly so that others could notice? Or conversely, were you so restless and uneasy that you moved around much more than usual?	
dep_skore	Total PHQ-8 score (min:0; max:24)	calculation
dep_skore_cat	<u>PHQ-8 depression category:</u> no depression mild depression moderate depression moderate severe depression severe depression	calculation
dep_obst	If you have identified any difficulties or problems in the previous questions, to what extent have these problems made it difficult for you to do your job, take care of household chores, or function in relationships with other people?	0, Not difficult at all 1, Little difficult 2, Very difficult 3, Extremely difficult
dep_notes	PHQ-8 - notes	text

2. EMOTIONAL QUESTIONNAIRE (DERS18)		
	<i>Below you will find some questions that relate to how you perceive your feelings and how you react when you are emotionally upset (experiencing strong emotions). Please read the following statements and indicate how often you behave in this way.</i>	
ders_1	I notice how I feel right now.	
ders_2	I have no idea how I feel	
ders_3	I'm having trouble making sense of my feelings	
ders_4	I pay attention to my feelings	
ders_5	I'm confused about how I feel	
ders_6	When I am upset, I acknowledge my emotions	
ders_7	When I'm upset, I feel embarrassed about it	
ders_8	When I'm distracted, I have trouble finishing my work	5, Rarely ever
ders_9	When I'm upset, I can't control myself at all	4, Sometimes
ders_10	When I am upset, I believe I will be upset for a long time	3, About halfway through
ders_11	When I'm upset, I'm convinced I'll feel very down afterwards	2, Most time
ders_12	When I'm upset, I find it hard to focus my attention on other things	1, Almost ever
ders_13	When I am upset, I am ashamed of these feelings	
ders_14	When I'm upset, I feel guilty about it	
ders_15	When I'm distracted, I have trouble concentrating	
ders_16	When I'm upset, I have trouble controlling my behaviour	
ders_17	When I'm upset, I wallow in the feeling because I believe it's the only thing, I can do	
ders_18	When I am upset, I lose control of my behaviour	
awarness	Awareness	calculation
clarity	Clarity	calculation
goals	Goals	calculation
impulse	Impulse	calculation
nonaccept	Nonacceptance	calculation
strateg	Strategies	calculation
score_tot	Total DERS18 score (min:18; max:90)	calculation
ders18_notes	DERS18 - notes	text

	3. SHORT PERSONALITY ASSESSMENT QUESTIONNAIRE (TIPI) <i>Below you will find a list of personality traits that describe how you may perceive yourself. For each question, please indicate the extent to which you agree or disagree with the statement. Judge to what extent each full pair of traits applies to you, even if one trait is more strongly expressed than the other.</i>	
tipi_1	I see myself as an extrovert and enthusiastic (passionate about things).	
tipi_2	I see myself as critical, argumentative.	
tipi_3	I see myself as reliable and disciplined.	1, Strongly disagree
tipi_4	I see myself as anxious and easily (simply, easily) upset.	2, Rather disagree
tipi_5	I see myself as open to new experiences.	3, Disagree
tipi_6	I see myself as reserved (reserved) and quiet.	4, Not agree, not disagree
tipi_7	I perceive myself as pleasant and warm.	5, Agree
tipi_8	I see myself as distracted and careless.	6, Rather agree
tipi_9	I see myself as calm and emotionally balanced.	7, Strongly agree
tipi_10	I see myself as a conventional person, without ideas.	
extraversion	Extraversion score	calculation
agreeableness	Agreeableness score	calculation
consciens	Consciousness score	calculation
emotional	Emotional stability	calculation
openess	Openness to experience	calculation
tipi_notes	TIPI - notes	text
	4. LIFESTYLE SELF-ASSESSMENT (LSQ-HS) <i>Please express your level of agreement with the following statements.</i>	
lsq_1	The composition of my diet has a significant impact on my health.	
lsq_2	In general, I eat healthy.	
lsq_3	In general, my fruit consumption is high enough. I eat enough fruit. (When I consider what is important for health/healthy eating recommendations.)	1, Strongly agree
lsq_4	In general, my vegetable consumption is high enough. I eat enough vegetables. (When I consider what is important for health/healthy eating recommendations.)	2, Agree
lsq_5	I'm the type of person who tends to add salt to my food, or who prefers my food to be salty enough.	3, Not agree, not disagree
		4, Disagree
		5, Strongly disagree

lsq_6	It is not easy for me to maintain a reasonable body weight; it gives me difficulties or worries.	1, Strongly agree 2, Agree
lsq_7	It is important for my health that I exercise (do physical activity) regularly.	3, Not agree, not disagree 4, Disagree 5, Strongly disagree
lsqhs_notes	LSQ-HS - notes	text
happiness	All things considered; you would say that you are:	1, Very happy 2, Quite happy 3, Not so happy 4, Unhappy
5. STRESS ASSESSMENT (PSS) <i>The following questions refer to the last month (4 weeks).</i>		
pss_1	How many times have you been upset because something unexpected happened?	0, Never 1, Rarely ever 2, Sometimes 3, Quite often 4, Very often
pss_2	How often have you felt that you are unable to control important things in your life?	
pss_3	How often have you felt nervous or stressed?	
pss_4	How often have you felt confident in your ability to handle your personal affairs?	
pss_5	How often have you felt that the course of things goes the way you imagine?	
pss_6	How many times have you come to the conclusion that you cannot handle all the issues you need to?	
pss_7	How often have you been able to control your states of irritation?	
pss_8	How many times have you felt that you are in control, that you are the decision maker?	
pss_9	How often have you felt upset by things beyond your control?	
pss_10	How often have you felt that things are piling up so much that you can no longer overcome them?	
pss_score_fu	Total PSS score (min:0; max:40)	calculation
pss_score_cat_fu	<u>PSS Stress category</u> Low stress Moderate stress High stress	calculation
pss_notes	PSS - notes	text
pss_nevypnen	Why was the Self-report not completed?	text

17. Health Literacy

The Czech version of The European Health Literacy Survey Questionnaire (HLS-EU Q47) was used to collect health literacy data.

The questionnaire contains 47 questions mapping the level of health literacy in the spheres of health care, disease prevention and health promotion, as well as in the phases of searching, understanding, evaluating and applying health information.

459 complete case reports are available.

Reference: Sørensen, K., Van den Broucke, S., Pelikan, J.M. et al. Measuring health literacy in populations: illuminating the design and development process of the European Health Literacy Survey Questionnaire (HLS-EU-Q). BMC Public Health 13, 948 (2013). <https://doi.org/10.1186/1471-2458-13-948>

Variable name	Question	Values
	Rate on a scale of "very difficult" to "very easy" how hard it is:	
hl_1	...find information about the symptoms of diseases that affect you?	
hl_2	...find information on the treatment of diseases that affect you?	
hl_3	...find out what to do if you need urgent medical help?	
hl_4	...find out where to get professional help when you are ill (such as a doctor, pharmacist, psychologist)	
hl_5	...understand what your doctor is telling you?	
hl_6	...understand the leaflet that comes with your medicine?	1, Very difficult
hl_7	...understand what to do if you need urgent medical help?	2, Quite difficult
hl_8	...understand your doctor's or pharmacist's instructions on how to take the prescribed medicine?	3, Quite easy
hl_9	...assess how information from your doctor applies to you?	4, Very easy
hl_10	...evaluate the advantages and disadvantages of different treatment options?	5, Don't know
hl_11	...assess when you might need an opinion from another doctor?	
hl_12	...assess whether information about an illness in the media is reliable (TV, internet or other media)	
hl_13	...use the information given to you by your doctor to make decisions regarding your illness?	
hl_14	...understand the recommendations on how to take medication?	
hl_15	...call the emergency services if something happens?	

hl_16	...understand the advice/recommendations from your doctor/physician?
hl_17	...get information on how to manage unhealthy habits such as smoking, low physical activity and excessive drinking?
hl_18	...get information on how to manage mental health problems such as stress or depression?
hl_19	...get information about vaccinations and preventive screenings you should have? (breast exams, blood sugar, blood pressure)
hl_20	...find information on how to prevent or manage problems such as excess weight, high blood pressure or high cholesterol?
hl_21	...understand health warnings about things like smoking, low physical activity and excessive drinking?
hl_22	...understand why you need vaccinations?
hl_23	...understand why you need to have preventive check-ups? (breast exams, blood sugar, blood pressure)
hl_24	...assess how credible are health warnings about smoking, low physical activity and excessive drinking?
hl_25	...assess when you need to go to the doctor for a check-up?
hl_26	...assess which vaccinations you would need?
hl_27	...assess which preventive check-ups you should have (breast examination, blood sugar, blood pressure)
hl_28	...assess whether media information about health risks is credible? (TV, internet or other media)
hl_29	...decide whether you should get a flu vaccine?
hl_30	...decide how you can protect yourself from disease based on advice from your family or friends?
hl_31	...decide how you can protect yourself from diseases based on information from the media (newspapers, leaflets, internet or other media)
hl_32	...find information about health-promoting activities such as exercise, healthy foods and nutrition?
hl_33	...find information about activities that are good for your mental well-being? (meditation, exercise, walking, pilates, etc.)
hl_34	...find information on how you and your neighbours can work towards a healthier environment? (Reducing noise and air pollution, increasing green space, building leisure facilities)
hl_35	...learn about policy changes that may affect health? (legislation, new screening programme, change of government, changes in the organisation of health services)

- 1, Very difficult
- 2, Quite difficult
- 3, Quite easy
- 4, Very easy
- 5, Don't know

hl_36	...learn about measures to promote health in the workplace?	
hl_37	...understand health advice from family members or friends?	
hl_38	...understand information on food packaging?	
hl_39	...understand information on how to be healthier from the media? (Internet, newspapers, magazines)	
hl_40	...understand information about how to maintain mental health?	
hl_41	...assess how where you live affects your health and your wellbeing? (Your community, immediate surroundings)	1, Very difficult 2, Quite difficult 3, Quite easy 4, Very easy 5, Don't know
hl_42	...assess how your living arrangements help you to maintain your health?	
hl_43	...assess what in your daily routine is linked to your health? (Drinking, eating habits, exercise)	
hl_44	...make decisions to improve your health?	
hl_45	...join a sports club or join a group exercise class if you would like to?	
hl_46	...influence your living conditions that affect your health and well-being? (drinking, eating habits, exercise, ...)	
hl_47	...participate in activities that improve the health and well-being of your community?	
score2	Health Literacy score	calculation
score_cat	<u>Health Literacy category:</u> 1-Insufficient health literacy 2-Health Literacy Issues 3-Sufficient health literacy 4-Excelent health literacy	calculation
hl_notes	Health literacy - notes	

2. Examinations

1. BpTRU

BpTRU is an automatic oscillometric, non-invasive blood pressure measurement device. [864](#) complete case reports are available.

Variable name	Parameter	Values
bptru_mereni	Was the measurement performed?	1, Yes 2, No
bptru_sys_1	Systolic blood pressure 1. valid measurement	text (integer, Min: 30, Max: 300), ACC 1.0 mmHg
bptru_dia_1	Diastolic blood pressure 1. valid measurement	text (integer, Min: 10, Max: 200), ACC 1.0 mmHg
bptru_pulse_1	Pulse blood pressure 1. valid measurement	text (integer, Min: 10, Max: 200), ACC 1.0 bpm
bptru_sys_2	Systolic blood pressure 2. valid measurement	text (integer, Min: 30, Max: 300), ACC 1.0 mmHg
bptru_dia_2	Diastolic blood pressure 2. valid measurement	text (integer, Min: 10, Max: 200), ACC 1.0 mmHg
bptru_pulse_2	Pulse blood pressure 2. valid measurement	text (integer, Min: 10, Max: 200), ACC 1.0 bpm
bptru_sys_3	Systolic blood pressure 3. valid measurement	text (integer, Min: 30, Max: 300), ACC 1.0 mmHg
bptru_dia_3	Diastolic blood pressure 3. valid measurement	text (integer, Min: 10, Max: 200), ACC 1.0 mmHg
bptru_pulse_3	Pulse blood pressure 3. valid measurement	text (integer, Min: 10, Max: 200), ACC 1.0 bpm
bptru_sys_4	Systolic blood pressure 4. valid measurement	text (integer, Min: 30, Max: 300), ACC 1.0 mmHg
bptru_dia_4	Diastolic blood pressure 4. valid measurement	text (integer, Min: 10, Max: 200), ACC 1.0 mmHg
bptru_pulse_4	Pulse blood pressure 4. valid measurement	text (integer, Min: 10, Max: 200), ACC 1.0 bpm
bptru_sys_5	Systolic blood pressure 5. valid measurement	text (integer, Min: 30, Max: 300), ACC 1.0 mmHg
bptru_dia_5	Diastolic blood pressure 5. valid measurement	text (integer, Min: 10, Max: 200), ACC 1.0 mmHg
bptru_pulse_5	Pulse blood pressure 5. valid measurement	text (integer, Min: 10, Max: 200), ACC 1.0 bpm
bptru_sys_avg	Systolic blood pressure average	calculation, ACC 1.0 mmHg
bptru_dia_avg	Diastolic blood pressure average	calculation, ACC 1.0 mmHg
bptru_pulse_avg	Pulse blood pressure average	calculation, ACC 1.0 bpm
bptru_control	BpTRU control measurement (average value)	text (SBP / DBP mmHg)
bptru_mereni_1	Reason why the measurement was not performed	text
bptru_note	BpTRU - notes	text (notes)

2. Smokerlyzer

Measurement of exhaled carbon monoxide (CO) levels.

860 complete case reports are available.

Variable name	Parameter	Values
smokelyzer_fu	Have measurements been taken?	1, Yes 2, No
smokelyzer_1	Reason why the test was not performed:	text
smokelyzer_2	Smokerlyzer value	text (integer, Min: 0, Max: 50)
smokelyzer_note	Smokerlyzer - notes	text

3. Hand Grip

The Jamar handgrip dynamometer measures the maximum isometric strength of the hand and forearm muscles. Also, can be used as a general test of strength (people with strong hands tend to be strong elsewhere, so this test is often used as a general test of strength).

850 complete cases reports are available.

Variable name	Parameter	Values
handgrip	Have measurements been taken?	1, Yes 2, No
handgrip_1	The reason why the examination was not carried out	text
handgrip_laterality	Laterality	1, Right-handed 2, Left-handed 3, No side dominance
handgrip_dominant	Dominant hand	1, Right 2, Left
handgrip_r_1	1st measured value on the right hand	text (integer, min:0, max:100), ACC 0.5 kg
handgrip_l_1	1st measured value on the left hand	text (integer, min:0, max:100), ACC 0.5 kg
handgrip_r_2	2nd measured value on the right hand	text (integer, min:0, max:100), ACC 0.5 kg
handgrip_l_2	2nd measured value on the left hand	text (integer, min:0, max:100), ACC 0.5 kg
handgrip_r_3	3rd measured value on the right hand	text (integer, min:0, max:100), ACC 0.5 kg
handgrip_l_3	3rd measured value on the left hand	text (integer, min:0, max:100), ACC 0.5 kg
handgrip_r_max	Maximum value on the right hand	calculation
handgrip_l_max	Maximum value on left hand	calculation
handgrip_note	Notes	text

4. Anthropometric measurement

All subjects were attired in only underwear and were without shoes. Height was measured utilizing a professional SECA stadiometer, with the head maintained in the Frankfort horizontal plane. (Recorded measurement accuracy: values rounded to the nearest 1.0 cm). Weight was determined employing a professional high-precision SECA floor scale. (Recorded measurement accuracy: to the nearest 1.0 kg). Waist circumference was measured at a point equidistant between the lower rib margin and the iliac crest at the end of exhalation using a flexible, non-elastic tape measure (recorded measurement accuracy: values rounded to the nearest 1.0 cm), while hip circumference was measured as the largest circumference around the buttocks (recorded measurement accuracy: values rounded to the nearest 1.0 cm).

864 complete cases reports are available.

Variable name	Parameter	Values
antropometric	Have measurements been taken?	1, Yes 2, No
antropometric_1	Reason why the test was not carried out	text
height	Height	text (integer), cm
weight_fu	Weight	text (integer), kg
circ_neck	Neck circumference	text (integer), cm
circ_arm	Right arm circumference	text (integer), cm
circ_waist	Waist circumference	text (integer), cm
circ_hip	Circumference over hips	text (integer), cm
circ_thigh	Circumference of right thigh	text (integer), cm
antropometric_note	Notes	text

5. ECG

ECG measurements were conducted using a Mortara ELI 350 ECG machine equipped with twelve ECG leads.

737 complete cases reports are available.

Variable name	Parameter	Values
ekg	Was the measurement performed?	1, Yes 2, No
ekg_1	If not, please, state why	text
ekg_date	Date of examination	text (date)
ekg_avg_rr	Average Respiratory Rate	text (integer)
ekg_vent_rate	Vent rate	text (integer), bpm
ekg_num_qrs	Num QRS	text (integer), ms
ekg_p_dur	P duration	text (integer), ms
ekg_pr_dur	PR duration	text (integer), ms
ekg_qrs_dur	QRS duration	text (integer), ms
ekg_qt	QT	text (integer)
ekg_qtc	QTC	text (integer)
ekg_qtb	QTB	text (integer)
ekg_qtf	QTF	text (integer)
ekg_pax	P axis	text (integer)
ekg_qrsax	QRS axis	text (integer)
ekg_tax	T axis	text (integer)
ekg_unit_mv	Units per mv	text (integer)
ekg_dur	Duration	text (integer)
ekg_sample_fr	Sample frequency	text (integer)
ekg_text1	Automatic Mortara evaluation 1	text
ekg_reason1	Reason why 1	text
ekg_text2	Automatic Mortara evaluation 2	text
ekg_reason2	Reason why 2	text

ekg_text3	Automatic Mortara evaluation 3	text
ekg_reason3	Reason why 3	text
ekg_text4	Automatic Mortara evaluation 4	text
ekg_reason4	Reason why 4	text

6. InBody

Segmental multi-frequency bioelectric impedance analysis was conducted using the DMS-BIA method with the InBody 770 and InBody 370 devices (BIOSPACE Co., Ltd., South Korea). This analysis encompassed 15 impedance measurements taken at three different frequencies (5kHz, 50kHz, 250kHz) for each of the five segments (right arm, left arm, torso, right leg, left leg).

844 complete case reports are available: 256 complete cases reports are available for InBody 370 and 588 complete cases reports are available for InBody 770.

Variable name	Parameter	Values
inbody	Have measurements been taken?	1, Yes 2, No
inbody_1	Reason why the test was not carried out	text
inbody_typ	On which instrument was the measurement made?	1, InBody 370 2, InBody 770
ib_height	Height	text (integer), cm
ib_gender	Gender	F, Female M, Male
ib_age	Age	text (years)
ib_target_weight	Weight standard	text (integer), kg
ib_weight_control	Weight control	text (integer), kg
ib_fat_control	Fat control	text (integer), kg
ib_muscle_control	Muscle control	text (integer), kg
ib_fitness_score	Fitness assessment	text (points)
ib_bmr	Basic metabolic measure	text (integer), kcal
ib_bmr_min	Minimum caloric requirement	text (integer), kcal
ib_bmr_max	Maximum caloric requirement	text (integer), kcal
ib_bmc	Bone mineral content	text (integer), kg
ib_bmc_min	Minimum bone mineral content	text (integer), kg
ib_bmc_max	Maximum bone mineral content	text (integer), kg
ib_target_bmc	Bone mineral content standard	text (integer), kg

ib_bcm	Value of body cells	text (integer), kg
ib_bcm_min	Minimum recommended value of body cells	text (integer), kg
ib_bcm_max	Maximum recommended value of body cells	text (integer), kg
ib_target_bcm	Ideal body cell value	text (integer), kg
ib_obesity_degree	Degree of obesity	text (integer), %
ib_obesity_degree_min	Minimum recommended value for measuring the degree of obesity	text (integer), %
ib_obesity_degree_max	Maximum recommended value for measuring the degree of obesity	text (integer), %
ib_visceral_fat	Visceral fat content	text (integer), cm ²
ib_vfl	Visceral fat level	text
ib_dry_lean_mass	Dry muscle mass	text (integer), kg
ib_ac	Arm circumference	text (integer), cm
ib_amc	Arm muscle circumference	text (integer), cm
ib_weight	Weight	text (integer), kg
ib_weight_min	Minimum recommended weight	text (integer), kg
ib_weight_max	Maximum recommended weight	text (integer), kg
ib_skeletal_muscle	Amount of skeletal muscle	text (integer), kg
ib_skeletal_muscle_min	Min. skeletal muscle value	text (integer), kg
ib_skeletal_muscle_max	Max skeletal muscle value	text (integer), kg
ib_bfm_fu	Amount of fat in the body	text (integer), kg
ib_bfm_min	Min. amount of body fat	text (integer), kg
ib_bfm_max	Max. amount of fat in the body	text (integer), kg
ib_pbf	Percentage of fat in the body	text (integer), %
ib_pbf_min	Min. Percentage of fat in the body	text (integer), %
ib_pbf_max	Max. Percentage of fat in the body	text (integer), %
ib_abdominal_obesity_degree	Degree of abdominal obesity	text (integer)
ib_abdominal_obesity_degree_min	Min. degree of abdominal obesity	text (integer)
ib_abdominal_obesity_degree_max	Max. degree of abdominal obesity	text (integer)
ib_bmi_fu	Body mass index	text (integer), kg/m ²
ib_bmi_min_fu	Min. BMI	text (integer), kg/m ²

ib_bmi_max_fu	Max. BMI	text (integer), kg/m ²
ib_whr	Hip to waist ratio	text (integer), cm/cm
ib_whr_min	Min. Hip to waist ratio	text (integer), cm/cm
ib_whr_max	Max. Hip to waist ratio	text (integer), cm/cm
ib_weight_target_compare	Current weight compared to the weight standard in percentage	text (integer), %
ib_target_skeletal_muscle	Skeletal muscle norm	text (integer), %
ib_target_pbf	Body fat percentage norm	text (integer), %
ib_target_abdominal_obesity	Norm of degree of obesity in the abdominal area	text
ib_ra_lean_mass	Muscle mass of the right arm	text (integer), kg
ib_ra_lean_mass_perc	Right arm muscle mass in percentage	text (integer), %
ib_target_ra_lean_mass_perc	Right arm muscle mass norm in percentage	text (integer), %
ib_la_lean_mass	Muscle mass of the left arm	text (integer), kg
ib_la_lean_mass_perc	Left arm muscle mass in percent	text (integer), %
ib_target_la_lean_mass_perc	Left arm muscle mass standard in percent	text (integer), %
ib_trunk_lean_mass	Amount of muscle mass in the trunk	text (integer), kg
ib_trunk_lean_mass_perc	Torso muscle mass in percent	text (integer), %
ib_target_trunk_lean_mass	Normal torso muscle mass in percent	text (integer), %
ib_rl_lean_mass	Muscle mass of the right leg	text (integer), kg
ib_rl_lean_mass_perc	Right leg muscle mass in percent	text (integer), %
ib_target_rl_lean_mass_perc	Norm of the amount of muscle mass in the right leg in percent	text (integer), %
ib_ll_lean_mass	Muscle mass of the left leg	text (integer), kg
ib_ll_lean_mass_perc	Muscle mass of the left leg in percentage	text (integer), %
ib_target_ll_lean_mass_perc	Norm of the amount of muscle mass in the left leg in percentage	text (integer), %
ib_edema_index_1	Edema water ratio index	text (integer)
ib_edema2	Edema index of fluid ratio 2	text (integer)
ib_edema_idx_1_r_arm	Edema index of the water ratio of the water ratio in the right arm	text (integer)
ib_edema_idx_1_l_arm	Edema index of water ratio in the left arm	text (integer)
ib_edema_idx_1_trunk	Edema index of water ratio in the chest	text (integer)
ib_edema_idx_1_r_leg	Edema water ratio index in the right leg	text (integer)
ib_edema_idx_1_l_leg	Edema water ratio index in the left leg	text (integer)

ib_edema_idx_2_r_arm	Edema index of fluid to water ratio in the right arm	text (integer)
ib_edema_idx_2_l_arm	Edema index of fluid ratio in the left arm	text (integer)
ib_edema_idx_2_trunk	Edema index of fluid ratio in the chest	text (integer)
ib_edema_idx_2_l_leg	Edema index of fluid ratio in the left leg	text (integer)
ib_edema_idx_2_r_leg	Edema index of fluid ratio in the right leg	text (integer)
ib_ffm_ra	Fat-free mass of the right hand	text (integer), kg
ib_ffm_ra_min	Min. Fat-free mass of the right hand	text (integer), kg
ib_ffm_ra_max	Max fat-free mass of the right hand	text (integer), kg
ib_ffm_ra_proc	Percentage of fat-free mass of the right hand	text (integer), %
ib_ffm_la	Fat-free mass of left hand	text (integer), kg
ib_ffm_la_min	Min. Fat-free mass of the left hand	text (integer), kg
ib_ffm_la_max	Max fat-free mass of left hand	text (integer), kg
ib_ffm_la_proc	Percentage of fat-free mass of left hand	text (integer), %
ib_ffm_t	Fat-free mass of trunk	text (integer), kg
ib_ffm_t_min	Min. Fat-free mass of torso	text (integer), kg
ib_ffm_t_max	Max fat-free mass of torso	text (integer), kg
ib_ffm_t_proc	Percentage of fat-free torso mass	text (integer), %
ib_ffm_rl	Fat-free mass of right leg	text (integer), kg
ib_ffm_rl_min	Min. Fat-free mass of right leg	text (integer), kg
ib_ffm_rl_max	Max fat-free mass of right leg	text (integer), kg
ib_ffm_rl_proc	Percentage of fat-free mass of right leg	text (integer), %
ib_ffm_ll	Fat-free mass of left leg	text (integer), kg
ib_ffm_ll_min	Min. Fat-free mass of the left leg	text (integer), kg
ib_ffm_ll_max	Max fat-free mass of left leg	text (integer), kg
ib_ffm_ll_proc	Percentage of fat-free mass of left leg	text (integer), %
ib_tbw_ra	Total water of the right hand	text (integer), l
ib_tbw_ra_min	Min. Total water of the right hand	text (integer), l
ib_tbw_ra_max	Max. Total water of right hand	text (integer), l
ib_tbw_la	Total water of left hand	text (integer), l
ib_tbw_la_min	Min. Total water of left hand	text (integer), l

ib_tbw_la_max	Max. Total water of left hand	text (integer), l
ib_tbw_t	Total trunk water	text (integer), l
ib_tbw_t_min	Min. Total trunk water	text (integer), l
ib_tbw_t_max	Max. Total trunk water	text (integer), l
ib_tbw_rl	Total right leg water	text (integer), l
ib_tbw_rl_min	Min. Total water of right leg	text (integer), l
ib_tbw_rl_max	Max. Total water of right leg	text (integer), l
ib_tbw_ll	Total water of left leg	text (integer), l
ib_tbw_ll_min	Min. Total water of left leg	text (integer), l
ib_tbw_ll_max	Max. Total water of left leg	text (integer), l
ib_icw_ra	Right arm intracellular water	text (integer), l
ib_icw_ra_min	Min. Right hand intracellular water	text (integer), l
ib_icw_ra_max	Max. Intracellular water of right hand	text (integer), l
ib_icw_la	Intracellular water of left hand	text (integer), l
ib_icw_la_min	Min. Intracellular water of left hand	text (integer), l
ib_icw_la_max	Max. Intracellular water of left hand	text (integer), l
ib_icw_t	Intracellular water of trunk	text (integer), l
ib_icw_t_min	Min. Intracellular water of trunk	text (integer), l
ib_icw_t_max	Max. Intracellular water of torso	text (integer), l
ib_icw_rl	Right leg intracellular water	text (integer), l
ib_icw_rl_min	Min. Intracellular water of right leg	text (integer), l
ib_icw_rl_max	Max. Intracellular water of right leg	text (integer), l
ib_icw_ll	Left leg intracellular water	text (integer), l
ib_icw_ll_min	Min. Left leg intracellular water	text (integer), l
ib_icw_ll_max	Max. Intracellular water of left hand	text (integer), l
ib_ecw_ra	Extracellular water of right hand	text (integer), l
ib_ecw_ra_min	Min. Extracellular water of right hand	text (integer), l
ib_ecw_ra_max	Max. Extracellular water of right hand	text (integer), l
ib_ecw_la	Left hand extracellular water	text (integer), l
ib_ecw_la_min	Min. Left hand extracellular water	text (integer), l

ib_ecw_la_max	Max. Extracellular water of left hand	text (integer), l
ib_ecw_t	Extracellular water of trunk	text (integer), l
ib_ecw_t_min	Min. Extracellular water of trunk	text (integer), l
ib_ecw_t_max	Max. Extracellular water of trunk	text (integer), l
ib_ecw_rl	Extracellular water of right leg	text (integer), l
ib_ecw_rl_min	Min. Extracellular water of right leg	text (integer), l
ib_ecw_rl_max	Max. Extracellular water of right leg	text (integer), l
ib_ecw_ll	Left leg extracellular water	text (integer), l
ib_ecw_ll_min	Min. Left leg extracellular water	text (integer), l
ib_ecw_ll_max	Max. Left hand extracellular water	text (integer), l
ib_ecw_tbw	Extracellular water/Total water	text (integer)
ib_ecw_tbw_ra	Extracellular water PR/Total water PR	text (integer)
ib_ecw_tbw_la	Extracellular water LR/Total water LR	text (integer)
ib_ecw_tbw_t	Extracellular water T/Total water T	text (integer)
ib_ecw_tbw_rl	Extracellular water PN/Total water PN	text (integer)
ib_ecw_tbw_ll	Extracellular water LN/Total water LN	text (integer)
ib_bfm_ra	Fatty mass of the right hand	text (integer), kg
ib_bfm_ra_proc	Percentage of right arm fat mass	text (integer), %
ib_bfm_la	Left hand fat mass	text (integer), kg
ib_bfm_la_proc	Percentage of fat mass of left hand	text (integer), %
ib_bfm_t	Fat mass of trunk	text (integer), kg
ib_bfm_t_proc	Percentage of torso fat mass	text (integer), %
ib_bfm_rl	Fat mass of right leg	text (integer), kg
ib_bfm_rl_proc	Percentage of fat mass of right leg	text (integer), %
ib_bfm_ll	Left leg fat mass	text (integer), kg
ib_bfm_ll_proc	Percentage of left leg fat mass	text (integer), %
ib_bfm_control	Control fat mass	text (integer), kg
ib_neck_circumference	Neck circumference	text (integer), cm
ib_chest_circumference	Chest circumference	text (integer), cm
ib_abdomen_circumference	Abdominal circumference	text (integer), cm

ib_hip_circumference	Hip circumference	text (integer), cm
ib_right_arm_circumference	Circumference of the right arm	text (integer), cm
ib_left_arm_circumference	Left arm circumference	text (integer), cm
ib_left_thigh_circumference	Left thigh circumference	text (integer), cm
ib_right_thigh_circumference	Circumference of right thigh	text (integer), cm
ib_iwm	Intracellular water value	text (integer), l
ib_iwm_min	Min value of intracellular water	text (integer), l
ib_iwm_max	Max. amount of intracellular water in the body	text (integer), l
ib_ewm	Extracellular water value	text (integer), l
ib_ewm_min	Min value of extracellular water	text (integer), l
ib_ewm_max	Max. amount of extracellular water in the body	text (integer), l
ib_protein	Amount of proteins	text (integer), kg
ib_protein_min	Min. amount of proteins	text (integer), kg
ib_protein_max	Max. value of proteins	text (integer), kg
ib_mineral_fu	Amount of minerals	text (integer), kg
ib_mineral_min	Min. amount of minerals	text (integer), kg
ib_mineral_max	Max. amount of minerals	text (integer), kg
ib_total_bwm	Total amount of water in the body	text (integer), l
ib_total_bwm_min	Min. Total amount of water in the body	text (integer), l
ib_total_bwm_max	Max. Total amount of water in the body	text (integer), l
ib_skeletal_lean_mass	Soft fat-free mass	text (integer), kg
ib_fat_free_mass	Fat free mass	text (integer), kg
ib_ffm_min	Min. Fat free mass	text (integer), kg
ib_ffm_max	Max. Fat free mass	text (integer), kg
ib_ffm_control	Control net mass without fat	text (integer)
ib_slm	Soft fat-free mass	text (integer), kg
ib_slm_min	Min. Soft fat-free mass	text (integer), kg
ib_slm_max	Max. Soft fat-free mass	text (integer), kg
ib_tbw_ffm	Total body water/ Fat free mass	text (integer), kg
ib_iffm	Intracellular Fat free mass	text (integer)

ib_ifm	Fat mass index	text (integer)
ib_target_iwm	Standard value of intracellular body water	text (integer), l
ib_target_ewm	Norm of extracellular water value	text (integer), l
ib_target_total_bwm	Standard for total body water value	text (integer), l
ib_target_protein	Standard for protein value	text (integer), kg
ib_target_mineral	Standard for the amount of minerals	text (integer), kg
ib_notes	InBody - notes	text

7. Pulse Wave Velocity (PWV)

Pulse wave was hardware-measured using the Multichannel Bioimpedance Monitor device. The PWV was calculated, and the entire measurement was controlled using the PulsWave software. PWV is calculated from the obtained pulse waves and integrated distances for each measuring location.

Measurement protocol:

Phase 1: 120 seconds of rest in a supine position.

Phase 2: 180 seconds of a head-up tilt test at 30°.

Phase 3: 300 seconds of rest in a supine position.

813 complete cases reports are available.

Variable name	Parameter	Values
pwv_yn	Have measurements been taken?	1, Yes 2, No
pwv_1	The reason why the measurement was not carried out:	text
pwv_temp	Room temperature	text (degrees Celsius)
	PHASE 1:	
pwv_hb_avg	Heart rate-to the BMB: PWV analysis average	text (integer), bpm
pwv_hb_sd	Heart rate-to the BMB: PWV analysis standard deviation	text (integer), bpm
pwv_hb_min	Heart rate-to the BMB: PWV analysis minimum	text (integer), bpm
pwv_hb_max	Heart rate-to the BMB: PWV analysis maximum	text (integer), bpm
pwv_hb_er	Heart rate-to the BMB: PWV analysis error rate	text (integer), bpm
pwv_sbp_avg	Systolic blood Pressure to the BMB: PWV analysis average	text (integer), mmHg
pwv_sbp_sd	Systolic blood Pressure to the BMB: PWV analysis standard deviation	text (integer), mmHg
pwv_sbp_min	Systolic blood Pressure to the BMB: PWV analysis minimum	text (integer), mmHg
pwv_sbp_max	Systolic blood Pressure to the BMB: PWV analysis maximum	text (integer), mmHg
pwv_sbp_er	Systolic blood Pressure to the BMB: PWV analysis error rate	text (integer), mmHg
pwv_dbp_avg	Diastolic blood Pressure to the BMB: PWV analysis average	text (integer), mmHg

pwv_dbp_sd	Diastolic blood Pressure to the BMB: PWV analysis standard deviation	text (integer), mmHg
pwv_dbp_min	Diastolic blood Pressure to the BMB: PWV analysis minimum	text (integer), mmHg
pwv_dbp_max	Diastolic blood Pressure to the BMB: PWV analysis maximum	text (integer), mmHg
pwv_dbp_er	Diastolic blood Pressure to the BMB: PWV analysis error rate	text (integer), mmHg
pwv_34_7_avg_p1	PWV between chest and left calf (34-7): average	text (integer), ACC 0.1 m/s
pwv_34_7_sd_p1	PWV between chest and left calf (34-7): standard deviation	text (integer), ACC 0.1 m/s
pwv_34_7_min_p1	PWV between chest and left calf (34-7): minimum	text (integer), ACC 0.1 m/s
pwv_34_7_max_p1	PWV between chest and left calf (34-7): maximum	text (integer), ACC 0.1 m/s
pwv_34_7_er_p1	PWV between chest and left calf (34-7): error rate	text (integer), ACC 0.1 m/s
pwv_34_8_avg_p1	PWV between chest and right calf (34-8): average	text (integer), ACC 0.1 m/s
pwv_34_8_sd_p1	PWV between chest and right calf (34-8): standard deviation	text (integer), ACC 0.1 m/s
pwv_34_8_min_p1	PWV between chest and right calf (34-8): minimum	text (integer), ACC 0.1 m/s
pwv_34_8_max_p1	PWV between chest and right calf (34-8): maximum	text (integer), ACC 0.1 m/s
pwv_34_8_er_p1	PWV between chest and right calf (34-8): error rate	text (integer), ACC 0.1 m/s
pwv_5_7_avg_p1	PWV between left thigh and left calf (5-7): average	text (integer), ACC 0.1 m/s
pwv_5_7_sd_p1	PWV between left thigh and left calf (5-7): standard deviation	text (integer), ACC 0.1 m/s
pwv_5_7_min_p1	PWV between left thigh and left calf (5-7): minimum	text (integer), ACC 0.1 m/s
pwv_5_7_max_p1	PWV between left thigh and left calf (5-7): maximum	text (integer), ACC 0.1 m/s
pwv_5_7_er_p1	PWV between left thigh and left calf (5-7): error rate	text (integer), ACC 0.1 m/s
pwv_6_8_avg_p1	PWV between right thigh and right calf (6-8): average	text (integer), ACC 0.1 m/s
pwv_6_8_sd_p1	PWV between right thigh and right calf (6-8): standard deviation	text (integer), ACC 0.1 m/s
pwv_6_8_min_p1	PWV between right thigh and right calf (6-8): minimum	text (integer), ACC 0.1 m/s
pwv_6_8_max_p1	PWV between right thigh and right calf (6-8): maximum	text (integer), ACC 0.1 m/s
pwv_6_8_er_p1	PWV between right thigh and right calf (6-8): error rate	text (integer), ACC 0.1 m/s
pwv_pdf_p1	PWV phase 1 PDF file	pdf file
	PHASE 2:	
pwv_hb_avg2	Heart rate-to the BMB: PWV analysis average	text (integer), bpm
pwv_hb_sd2	Heart rate-to the BMB: PWV analysis standard deviation	text (integer), bpm
pwv_hb_min2	Heart rate-to the BMB: PWV analysis minimum	text (integer), bpm
pwv_hb_max2	Heart rate-to the BMB: PWV analysis maximum	text (integer), bpm

pwv_hb_er2	Heart rate-to the BMB: PWV analysis error rate	text (integer), bpm
pwv_sbp_avg2	Systolic blood Pressure to the BMB: PWV analysis average	text (integer), mmHg
pwv_sbp_sd2	Systolic blood Pressure to the BMB: PWV analysis standard deviation	text (integer), mmHg
pwv_sbp_min2	Systolic blood Pressure to the BMB: PWV analysis minimum	text (integer), mmHg
pwv_sbp_max2	Systolic blood Pressure to the BMB: PWV analysis maximum	text (integer), mmHg
pwv_sbp_er2	Systolic blood Pressure to the BMB: PWV analysis error rate	text (integer), mmHg
pwv_dbp_avg2	Diastolic blood Pressure to the BMB: PWV analysis average	text (integer), mmHg
pwv_dbp_sd2	Diastolic blood Pressure to the BMB: PWV analysis standard deviation	text (integer), mmHg
pwv_dbp_min2	Diastolic blood Pressure to the BMB: PWV analysis minimum	text (integer), mmHg
pwv_dbp_max2	Diastolic blood Pressure to the BMB: PWV analysis maximum	text (integer), mmHg
pwv_dbp_er2	Diastolic blood Pressure to the BMB: PWV analysis error rate	text (integer), mmHg
pwv_34_7_avg_p2	PWV between chest and left calf (34-7): average	text (integer), ACC 0.1 m/s
pwv_34_7_sd_p2	PWV between chest and left calf (34-7): standard deviation	text (integer), ACC 0.1 m/s
pwv_34_7_min_p2	PWV between chest and left calf (34-7): minimum	text (integer), ACC 0.1 m/s
pwv_34_7_max_p2	PWV between chest and left calf (34-7): maximum	text (integer), ACC 0.1 m/s
pwv_34_7_er_p2	PWV between chest and left calf (34-7): error rate	text (integer), ACC 0.1 m/s
pwv_34_8_avg_p2	PWV between chest and right calf (34-8): average	text (integer), ACC 0.1 m/s
pwv_34_8_sd_p2	PWV between chest and right calf (34-8): standard deviation	text (integer), ACC 0.1 m/s
pwv_34_8_min_p2	PWV between chest and right calf (34-8): minimum	text (integer), ACC 0.1 m/s
pwv_34_8_max_p2	PWV between chest and right calf (34-8): maximum	text (integer), ACC 0.1 m/s
pwv_34_8_er_p2	PWV between chest and right calf (34-8): error rate	text (integer), ACC 0.1 m/s
pwv_5_7_avg_p2	PWV between left thigh and left calf (5-7): average	text (integer), ACC 0.1 m/s
pwv_5_7_sd_p2	PWV between left thigh and left calf (5-7): standard deviation	text (integer), ACC 0.1 m/s
pwv_5_7_max_p2	PWV between left thigh and left calf (5-7): minimum	text (integer), ACC 0.1 m/s
pwv_5_7_min_p2	PWV between left thigh and left calf (5-7): maximum	text (integer), ACC 0.1 m/s
pwv_5_7_er_p2	PWV between left thigh and left calf (5-7): error rate	text (integer), ACC 0.1 m/s
pwv_6_8_avg_p2	PWV between right thigh and right calf (6-8): average	text (integer), ACC 0.1 m/s
pwv_6_8_sd_p2	PWV between right thigh and right calf (6-8): standard deviation	text (integer), ACC 0.1 m/s
pwv_6_8_min_p2	PWV between right thigh and right calf (6-8): minimum	text (integer), ACC 0.1 m/s
pwv_6_8_max_p2	PWV between right thigh and right calf (6-8): maximum	text (integer), ACC 0.1 m/s

pwv_6_8_er_p2	PWV between right thigh and right calf (6-8): error rate	text (integer), ACC 0.1 m/s
pwv_pdf_p2	PWV phase 2 PDF file	pdf file
	PHASE 3:	
pwv_hb_avg3	Heart rate-to the BMB: PWV analysis average	text (integer), bpm
pwv_hb_sd3	Heart rate-to the BMB: PWV analysis standard deviation	text (integer), bpm
pwv_hb_min3	Heart rate-to the BMB: PWV analysis minimum	text (integer), bpm
pwv_hb_max3	Heart rate-to the BMB: PWV analysis maximum	text (integer), bpm
pwv_hb_er3	Heart rate-to the BMB: PWV analysis error rate	text (integer), bpm
pwv_sbp_avg3	Systolic blood Pressure to the BMB: PWV analysis average	text (integer), mmHg
pwv_sbp_sd3	Systolic blood Pressure to the BMB: PWV analysis standard deviation	text (integer), mmHg
pwv_sbp_min3	Systolic blood Pressure to the BMB: PWV analysis minimum	text (integer), mmHg
pwv_sbp_max3	Systolic blood Pressure to the BMB: PWV analysis maximum	text (integer), mmHg
pwv_sbp_er3	Systolic blood Pressure to the BMB: PWV analysis error rate	text (integer), mmHg
pwv_dbp_avg3	Diastolic blood Pressure to the BMB: PWV analysis average	text (integer), mmHg
pwv_dbp_sd3	Diastolic blood Pressure to the BMB: PWV analysis standard deviation	text (integer), mmHg
pwv_dbp_min3	Diastolic blood Pressure to the BMB: PWV analysis minimum	text (integer), mmHg
pwv_dbp_max3	Diastolic blood Pressure to the BMB: PWV analysis maximum	text (integer), mmHg
pwv_dbp_er3	Diastolic blood Pressure to the BMB: PWV analysis error rate	text (integer), mmHg
pwv_34_7_avg_p3	PWV between chest and left calf (34-7): average	text (integer), ACC 0.1 m/s
pwv_34_7_sd_p3	PWV between chest and left calf (34-7): standard deviation	text (integer), ACC 0.1 m/s
pwv_34_7_min_p3	PWV between chest and left calf (34-7): minimum	text (integer), ACC 0.1 m/s
pwv_34_7_max_p3	PWV between chest and left calf (34-7): maximum	text (integer), ACC 0.1 m/s
pwv_34_7_er_p3	PWV between chest and left calf (34-7): error rate	text (integer), ACC 0.1 m/s
pwv_34_8_avg_p3	PWV between chest and right calf (34-8): average	text (integer), ACC 0.1 m/s
pwv_34_8_sd_p3	PWV between chest and right calf (34-8): standard deviation	text (integer), ACC 0.1 m/s
pwv_34_8_min_p3	PWV between chest and right calf (34-8): minimum	text (integer), ACC 0.1 m/s
pwv_34_8_max_p3	PWV between chest and right calf (34-8): maximum	text (integer), ACC 0.1 m/s
pwv_34_8_er_p3	PWV between chest and right calf (34-8): error rate	text (integer), ACC 0.1 m/s
pwv_5_7_avg_p3	PWV between left thigh and left calf (5-7): average	text (integer), ACC 0.1 m/s
pwv_5_7_sd_p3	PWV between left thigh and left calf (5-7): standard deviation	text (integer), ACC 0.1 m/s

pwv_5_7_min_p3	PWV between left thigh and left calf (5-7): minimum	text (integer), ACC 0.1 m/s
pwv_5_7_max_p3	PWV between left thigh and left calf (5-7): maximum	text (integer), ACC 0.1 m/s
pwv_5_7_er_p3	PWV between left thigh and left calf (5-7): error rate	text (integer), ACC 0.1 m/s
pwv_6_8_avg_p3	PWV between right thigh and right calf (6-8): average	text (integer), ACC 0.1 m/s
pwv_6_8_sd_p3	PWV between right thigh and right calf (6-8): standard deviation	text (integer), ACC 0.1 m/s
pwv_6_8_min_p3	PWV between right thigh and right calf (6-8): minimum	text (integer), ACC 0.1 m/s
pwv_6_8_max_p3	PWV between right thigh and right calf (6-8): maximum	text (integer), ACC 0.1 m/s
pwv_6_8_er_p3	PWV between right thigh and right calf (6-8): error rate	text (integer), ACC 0.1 m/s
pwv_pdf_p3	PWV phase 3 PDF file	pdf file
pwv_start	PWV time of START of the measurement	text (time)
pwv_tilt	PWV time of TILT of the measurement	text (time)
pwv_spont	PWV time of SPONT of the measurement	text (time)
pwv_stop	PWV time of STOP of the measurement	text (time)
pwv_notes	PWV - notes	text

8. Laboratory

856 complete case reports are available. 862 cases of biochemical analysis, 856 cases of hematological analysis

Variable name	Parameter	Reference range	Values
lab_biochem	Was the blood sent to Biochemistry?		1, Yes 2, No
lab_biochem_no	Why wasn't the blood sent to biochemistry?		text
lab_hematol	Was the blood sent to Hematology?		1, Yes 2, No
lab_hematol_no	Why wasn't the blood sent to Hematology?		text
lab_date_fu	Date of examination		text (date)
lab_notes	Notes		text
Biochemistry			
lab_hem_fu	Glycated haemoglobin HbA1c	20-42 43-53 (diabetes)	text (integer), mmol/mol
lab_phosphates_fu	Phosphates	0.81-1.45	text (integer), mmol/l
lab_glucose_fu	Glucose	3.9-5.6	text (integer), mmol/l
lab_urea_fu	Urea	2.8-8.1	text (integer), mmol/l
lab_creatinine_b_fu	Blood creatinine	59-104 (men) 45-84 (women)	text (integer), $\mu\text{mol/l}$
lab_egfr_fu	Estimation of glomerular filtration (CKD-EPI)	> 1.00	text (integer), ml/s/1.73m ²
lab_bil_fu	Total Bilirubin	0.0-21.0	text (integer), $\mu\text{mol/l}$
lab_chol_total_fu	Total Cholesterol	2.90-5.00	text (integer), mmol/l
lab_tag_fu	Triacylglycerols	0.45-1.70	text (integer), mmol/l
lab_hdl_fu	HDL-cholesterol	1.0-2.1 (men) 1.2-2.7 (women)	text (integer), mmol/l
lab_ldl_fu	LDL-cholesterol	0.50-3.00	text (integer), mmol/l
lab_nonhdl_fu	non-HDL-cholesterol	1.00-3.80	text (integer), mmol/l
lab_apo_a1_fu	Apolipoprotein A1	1.0-1.7 (men) 1.1-1.9 (women)	text (integer), g/l
lab_apo_b_fu	Apolipoprotein B	0.50-1.00	text (integer), g/l
lab_ast_fu	Aspartate aminotransferase (AST)	0.00-0.60	text (integer), $\mu\text{kat/l}$

lab_alt_fu	Alanine transaminase (ALT)	0.00-0.58	text (integer), $\mu\text{kat/l}$
lab_alp_fu	Alkaline phosphatase (ALP)	0.55-1.64	text (integer), $\mu\text{kat/l}$
lab_ggt_fu	γ -glutamyl transferase (GGT)	0.10-0.70	text (integer), $\mu\text{kat/l}$
lab_crp_fu	C-reactive protein (CRP)	0.0-5.0	text (integer), mg/l
lab_proteins_fu	Total proteins	0.0-14.9	text (integer), mg/l
lab_albuminuria_fu	Albuminuria	0.0-30.0	text (integer), mg/mmoll
lab_acr_fu	Albumin/Creatinine ratio (ACR)	0.0-2.5 (men) 0.0-3.5 (women)	text (integer), mg/mmoll
lab_creatinine_u_fu	Urine Creatinine	-	text (integer), mmol/l
lab_ef_fu	The fractional excretion of water	1.00-2.00	text (integer), %
lab_biochem_notes_fu	Biochemistry – notes		text
	Hematology		
lab_erythrocytes_fu	Erythrocytes	3.80-5.20	text (integer), $10^{12}/\text{l}$
lab_leukocytes_fu	Leukocytes	4.0-10.0	text (integer), $10^9/\text{l}$
lab_hemoglobin_fu	Haemoglobin	120-160	text (integer), g/l
lab_hematocrit_fu	Haematocrit	0.350-0.470	text (integer), l/l
lab_platelets_fu	Platelets	150-400	text (integer), $10^9/\text{l}$
lab_mcv_fu	Mean corpuscular volume (MCV)	82.0-98.0	text (integer), fl
lab_mch_fu	Mean corpuscular haemoglobin (MCH)	28.0-34.0	text (integer), pg
lab_mchc_fu	Mean corpuscular haemoglobin concentration (MCHC)	320.0-360.0	text (integer), g/l
lab_rdw_fu	Red cell distribution width (RDW)	10.0-15.2	text (integer), %
lab_mpv_fu	Mean platelet volume (MPV)	7.8-11.0	text (integer), fl
lab_pdw_fu	Platelet distribution width (PDW)	9.0-17.0	text (integer), fl
lab_pct_fu	Platelet-crit (PCT)	1.2-3.5	text (integer), ml/l
lab_normoblasts_fu	Normoblasts	0.00-0.00	text (integer), %
lab_normoblasts2_fu	Normoblasts – absolute number	0.00-0.00	text (integer), $10^9/\text{l}$
lab_neutrophils_fu	Neutrophils	45.0-70.0	text (integer), %
lab_neutrophils2_fu	Neutrophils – absolute number	2.0-7.0	text (integer), $10^9/\text{l}$
lab_lymphocytes_fu	Lymphocytes	20.0-45.0	text (integer), %
lab_lymphocytes2_fu	Lymphocytes – absolute number	0.8-4.0	text (integer), $10^9/\text{l}$
lab_monocytes_fu	Monocytes	2.0-12.0	text (integer), %

lab_monocytes2_fu	Monocytes – absolute number	0.08-1.20	text (integer), 10 ⁹ /l
lab_eosinophils_fu	Eosinophils	0.0-5.0	text (integer), %
lab_eosinophils2_fu	Eosinophils – absolute number	0.0-0.50	text (integer), 10 ⁹ /l
lab_basophils_fu	Basophils	0.0-2.0	text (integer), %
lab_basophils2_fu	Basophils – absolute number	0.00-0.20	text (integer), 10 ⁹ /l
lab_ig_fu	Immature granulocytes	0.0-0.6	text (integer), %
lab_ig2_fu	Immature granulocytes – absolute number	0.00-0.06	text (integer), 10 ⁹ /l
lab_hematol_notes_fu	Hematology - notes		text

9. Samples

Sample type	Question	Number of participants	Average volume per one sample	Unit
Serum	For how many participants we have a serum sample?	831	1.5 ± 0.3	ml
Plasma	For how many participants we have a plasma sample?	835	1.5 ± 0.3	ml
DNA	For how many participants we have a DNA sample?	837	422	μl

3. RAW Data

1. Echocardiography

The measurements were conducted only up to January 1, 2021, using the VIVID E9 ultrasound machine. These measurements have not been evaluated and are consequently not accessible in the REDCap database. The raw data is currently accessible within the EchoPack computer program.

307 examinations were performed.

2. Vascular Ultrasound

For measurements, the VIVID E9 machine was utilized. These measurements have not been evaluated and thus are not accessible in the REDCap database. The raw data is currently accessible in the EchoPack computer program.

796 examinations were performed.

4. Calculated variables

This chapter contains variables calculated according to the definitions established and approved by Kardioviz experts.

1. Cardiovascular Health Index

Table 1. Definition of cardiovascular health metrics.

Metric	Definition
Body mass index	Ideal <25 kg/m ² Intermediate 25–29.9 kg/m ² Poor ≥30 kg/m ²
Physical activity	Ideal ≥150 min/week moderate, ≥75 min/week vigorous or ≥150 min/week moderate + vigorous Intermediate 1–149 min/ week moderate or 1–74 min/week vigorous or 1–149 min/week moderate + vigorous Poor None
Smoking status	Ideal Never or quit >12 months Intermediate Former ≤12 months Poor Current
Healthy diet score	Ideal 4–5 Components Intermediate 2–3 Components Poor 0–1 Component Components defined as <ul style="list-style-type: none"> • ≥4.5 cups/day of fruits and vegetables: approximated as ≥4.5 servings/day • ≥2 3.5 oz servings/week of fish • ≥3 1 oz. servings/day of whole grains: approximated as ≥3 servings/day • <1500 mg/day of sodium a day • ≤450 kcal or 36 oz/week of sweets/sugar sweetened beverages
Blood pressure	Ideal SBP <120 and DBP <80 mmHg, without medication or physician diagnosis of hypertension Intermediate SBP 120–139 or DBP 80–89 mmHg, or treated to <120/<80 mmHg Poor SBP ≥140 or DBP ≥90 mmHg
Total cholesterol	Ideal <5.17 mmol/l, not on lipid lowering prescription medications Intermediate 5.17–6.18 mmol/l, or treated to <5.17 mmol/l Poor ≥6.19 mmol/l
Glucose	Ideal <5.55 mmol/l, not on glucose-lowering medication or having a diagnosis of diabetes Intermediate 5.55–6.94 mmol/l, or treated to <5.55 mmol/l Poor ≥6.95 mmol/l

SBP: systolic blood pressure; DBP: diastolic blood pressure.

1 oz represents approximately 28.4 g.

Variable name	Parameter	Values
	Healthy metric	
cvh_smoke_fu	<u>Smoking score</u> Ideal = 1 Intermediate = 0.5 Poor = 0	text (number)
cvh_bmi_2_fu	<u>Body Mass Index category</u> Ideal = 1 Intermediate = 0.5 Poor = 0	text (number)
cvh_pa_fu	<u>Physical activity</u> Ideal = 1 Intermediate = 0.5 Poor = 0	text (number)
cvh_fast_ser_gl_fu	<u>Fasting serum glucose</u> Ideal = 1 Intermediate = 0.5 Poor = 0	text (number)
cvh_tot_chol_fu	<u>Total cholesterol</u> Ideal = 1 Intermediate = 0.5 Poor = 0	text (number)
cvh_bp_fu	<u>Blood pressure</u> Ideal = 1 Intermediate = 0.5 Poor = 0	text (number)
cvh_hds_fu	<u>Healthy diet score</u> Ideal = 1 Intermediate = 0.5 Poor = 0	text (number)
	Cardiovascular health index	
cvh_total_fu	TOTAL CVH index score	text (number; min = 0, max = 7)

2. Diabetes Mellitus

Variable name	Parameter	Definition	Values
calc_diabetes2	Prediabetes	1. FPG 100 mg/dL (5.6 mmol/L) to 125 mg/dL (6.9 mmol/L) (IFG) AND 2. Without medication AND 3. Exclude diabetes	1, present 0, absent
calc_diabetes	Diabetes Mellitus type II.	1. FPG \geq 126 mg/dL (glucose \geq 7.0 mmol/L). Fasting is defined as no caloric intake for at least 8 h. OR 2. self-report of diabetes OR 3. using antidiabetic drugs or insulin	1, present 0, absent
calc_diabetes3	Diabetes Mellitus type II. - controlled	1. Personal history of diabetes AND 2. Fasting blood glucose lower than 130 mg/dL (7.0 mmol)	1, present 0, absent

3. Hypertension

Variable name	Parameter	Definition	Values
calc_hyper	Hypertension	<ol style="list-style-type: none"> Office SBP values ≥ 140 mmHg OR diastolic BP (DBP) values ≥ 90 mmHg OR self-reported previous diagnosis of hypertension OR using prescribed medicine to lower blood pressure. 	1, present 0, absent
calc_hyper_treat	Hypertension – treated	<ol style="list-style-type: none"> the response “yes” to the question, “Have you taken medicines to lower your blood pressure in the last 14 days? ” OR using prescribed medicine to lower blood pressure 	1, present 0, absent
calc_hyper_aware	Hypertension - aware	<ol style="list-style-type: none"> Self-reported previous diagnosis of hypertension, OR ” We assumed that all those who were “treated” were also “aware” 	1, present 0, absent
calc_hyper_treat_cont	Hypertension – treated and controlled	<ol style="list-style-type: none"> “Treated” AND Having mean systolic BP < 140 mm Hg per the office BP measurement AND Diastolic BP < 90 mmHg per the office BP measurement 	1, present 0, absent
calc_hyper_treat_cont2	Hypertension – treated and controlled (130/80)	<ol style="list-style-type: none"> “Treated” AND Having mean systolic BP < 130 mm Hg per the office BP measurement AND Diastolic BP < 80 mmHg per the office BP measurement 	1, present 0, absent
calc_hyper_screened	Hypertension - screened	<ol style="list-style-type: none"> Exclusion criterion for screened hypertension was defined by “never” respond to a question: “When was your blood pressure measured for the last time?” 	1, present 0, absent

4. Variables Calculated Based on Kardioviz Definitions

Variable name	Parameter	Definition	Values
calc_smoke	Smoking category	<ol style="list-style-type: none"> <u>Current smoker</u>: Smoking daily, less than daily or occasionally OR having stop smoking less than year ago <u>Past smoker</u>: Having stopped smoking at least a year ago <u>Never smoker</u>: Smoked less than 100 cigarettes in a lifetime 	1, Current smoker 2, Past smoker 3, Never smoker
calc_physcat	Physical Activity category	<ol style="list-style-type: none"> Definition according to official guideline: https://ugc.futurelearn.com/uploads/files/bc/c5/bcc53b14-ec1e-4d90-88e3-1568682f32ae/IPAQ_PDF.pdf 	1, Low physical activity 2, Moderate physical activity 3, High physical activity
calc_ph_isch	Personal History of Ischaemic heart disease	<ol style="list-style-type: none"> Self-report of any ischaemic heart disease 	0, Absent 1, Present
calc_ph_isch_2	Personal History of claudication	<ol style="list-style-type: none"> Self-report of any claudication 	0, Absent 1, Present
calc_cvd	Cardiovascular diseases (CVD)	<ol style="list-style-type: none"> Presence of Ischaemic heart disease (I20-I25) Presence of Congestive heart failure (I50.0) Presence of Stroke Presence of Ischaemic disease of lower limbs (I70.2) Presence of Chronic nephropathy / chronic renal failure (N18) Estimation of glomerular filtration (CKD-EPI) <1ml/s/173m² Albumin/Creatinine ratio (ACR) >= 3.39 mg/mmol) 	0, Absent 1, Present
calc_ao	Abdominal Obesity	<ol style="list-style-type: none"> Waist circumference >= 94 cm in men Waist circumference >=80 cm in women 	0, Absent 1, Present

calc_metsyn	Metabolic Syndrome	<p>Simultaneous presence of 3 or more of the metabolic syndrome components below:</p> <ol style="list-style-type: none"> 1. <u>High TG</u>: TG level ≥ 1.7 mmol/l OR treatment with fibrates or nicotine acid 2. <u>Low HDL-cholesterol</u>: low HDL level (< 1 mmol/l in men and < 1.3 mmol/l in women) OR treatment with fibrates or nicotine acid 3. <u>Dysglycemia</u>: previously diagnosed diabetes mellitus OR treatment of elevated glucose OR fasting plasma glucose ≥ 5.6 mmol/l 4. <u>High Blood Pressure</u>: systolic BP ≥ 130 mmHg OR diastolic BP ≥ 85 mmHg OR treatment of elevated BP 	0, Absent 1, Present
calc_cmds	CMDs stages	<ol style="list-style-type: none"> 1. <u>Stage 0</u>: Absent Abdominal Obesity AND High BP for MetSyn = 0 AND Low HDL-c for MetSyn = 0 AND High TG for MetSyn = 0 AND Absent Prediabetes AND Absent Diabetes Mellitus type II 2. <u>Stage 1</u>: Present Abdominal Obesity OR High BP for MetSyn = 1 OR Low HDL-c for MetSyn = 1 AND High TG for MetSyn = 0 AND Absent Prediabetes AND Absent Diabetes Mellitus type II 3. <u>Stage 2</u>: Present Abdominal Obesity AND High BP for MetSyn = 1 AND Low HDL-c for MetSyn = 1 AND High TG for MetSyn = 1 OR Present Prediabetes 4. <u>Stage 3</u>: Present Abdominal Obesity AND High BP for MetSyn = 1 AND Low HDL-c for MetSyn = 1 AND High TG for MetSyn = 1 AND Present Prediabetes 5. <u>Stage 4</u>: Present Diabetes Mellitus type II AND excluded Diabetes Mellitus type I OR Present of Cardiovascular Diseases for Diabetes 	0, Stage 0 1, Stage 1 2, Stage 2 3, Stage 3 4, Stage 4

calc_dbcd	Dysglycemia-based chronic disease (DBCD)	<p>Exclusion criteria: Diabetes Mellitus type I.</p> <ol style="list-style-type: none"> <u>Stage 1</u>: Family history of diabetes (parents, brothers, or sons), OR Abdominal obesity (Men: waist circumference \geq 94, Women: waist circumference \geq 80) <u>Stage 2</u>: Fasting blood glucose between 5.6 mmol/L (100 mg/dL) to 6.9 mmol/L (125 mg/dL), OR HBA1c between 5.7% (39) to 6.4% (46) <u>Stage 3</u>: Personal history of T2D, OR Fasting blood glucose \geq 126 mg/dL (7 mmol/L), OR HBA1c \geq 6.5% (47) AND Without CVD <u>Stage 4</u>: Stage 3 AND presence of CVD 	1, Stage 1 2, Stage 2 3, Stage 3 4, Stage 4
calc_abcd_dichot	Dichotomic Adiposity-based chronic disease (ABCD)	<ol style="list-style-type: none"> BMI \geq 25 kg/m² OR Body fat percent > 25% in men and > 35% in women AND Abdominal Obesity \geq94 cm in men and \geq80 cm in women 	0, Absent 1, Present