

Date: October 2023

Questions can be directed to: Sandra.soegaard.toettenborg@regionh.dk

FEPOS questionnaire

This is a translation of the original Danish Questionnaire

This questionnaire was distributed to the young men following their informed consent prior to the clinical exam.

5697 young men from the DNBC were invited during 2017-2019.

A total of 1173 men answered the FEPOS questionnaire (n=115 participated partly); of those, 1058 men participated fully by also providing a semen and a blood sample at the clinical examination.

Median age at answering the questionnaire was 19 years, 0 months (pseudo-range: 18 years/9 months - 21 years/3 months).

Median age at clinical examination was 19 years/1 month (pseudo-range: 18 years/9 months - 21 years/4 months).

Variable	Question	Response code
s_24	1. Are you attending school or are you studying?	1: Yes, I am in school/am in the process of an education 2: No, I'm doing something else
s_25	1a. What school or education do you attend?	1: Primary school (primary school, private primary school, continuation school) 2: High school (STX, HF, HHX, HTX) 4: Vocational training/technical school (school, apprenticeship or practical training) 7: Production School 5: Higher education (short, medium or long higher education) 8: Folk High School 6: Other:
s_1	1a. What school or education do you attend? -Other:	
s_27	1b. Do you have a student or part-time job?	2: Yes 3: No
s_30	2. What is your occupation?	1: Employed 2: Unemployed/in activation

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		<p>3: Long-term sick leave, undergoing rehabilitation or similar</p> <p>4: Conscript/on contract in the military</p> <p>5: Taking time off/sabbatical</p> <p>6: Waiting to start education</p> <p>7: Other_</p>
s_2	2. What is your occupation? - Other:	
s_31	2a. What is your job (e.g. postman, bartender, service worker)?	
s_32	2b. What working hours do you usually have?	<p>1: Day work</p> <p>2: Evening work</p> <p>3: Night work</p> <p>4: Alternating</p>
s_33	2c. Is your work mostly walking, standing or sitting, or can you alternate as it suits you?	<p>4: Mostly seated</p> <p>9: Mostly standing</p> <p>10: Mostly walking</p> <p>5: Alternating</p>
s_34	3. How much time do you spend on commuting per day? For example, to and from your study/work.	<p>2: Less than 20 min.</p> <p>3: 20-39 min.</p> <p>4: 40-59 min.</p> <p>5: More than an hour</p>
s_35	4. How do you mostly get around?	<p>1: Car</p> <p>3: Bus/train</p> <p>4: Motorcycle/moped</p> <p>5: Bike</p> <p>2: Walking</p>
s_145	5. How many times a week do you exercise/do sports?	<p>1: I don't exercise/do sports</p> <p>2: 1 time</p> <p>3: 2 times</p> <p>4: 3 times</p> <p>5: 4 times</p> <p>6: 5 times or more per week</p>
s_38	5a. How many times a week do you exercise/do sports that makes you short of breath for at least 20 minutes?	<p>7: Less than 1 time per week</p> <p>2: 1 time</p> <p>3: 2 times</p> <p>4: 3 times</p>

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		8: 4 times 5: 5 times or more per week
s_39	6. How many hours do you usually sleep during the night on weekdays?	1: 3 hours or less 2: 3-6 hours 7: 6-9 hours 10: 9 hours or more
s_40	7. How many hours do you usually sleep at night on weekends?	1: 3 hours or less 2: 3-6 hours 7: 6-9 hours 10: 9 hours or more
s_251	8. In addition to work and education, how many hours during a typical weekday do you spend on the following activities: - Computer (surfing the web, watching series, playing games, reading the news, going on facebook, doing schoolwork etc.)	1: 3 hours or more 2: 2-3 hours 3: 1-2 hours 4: 1 hour or less 5: None
s_252	8. In addition to work and education, how many hours on a typical weekday do you spend on the following activities: - Read physical books/magazines/magazines including school literature	1: 3 hours or more 2: 2-3 hours 3: 1-2 hours 4: 1 hour or less 5: None
s_253	8. In addition to work and education, how many hours on a typical weekday do you spend on the following activities: - Surf on the mobile phone	1: 3 hours or more 2: 2-3 hours 3: 1-2 hours 4: 1 hour or less 5: None
s_254	8. In addition to work and education, how many hours on a typical weekday do you spend on the following activities: - Watch TV or play playstation/nintendo/xbox or similar	1: 3 hours or more 2: 2-3 hours 3: 1-2 hours 4: 1 hour or less 5: None
s_54	9. In addition to work and education, how many hours on a typical day on weekends do you spend on the following activities: - Computer (surfing the web,	1: 3 hours or more 2: 2-3 hours 3: 1-2 hours 4: 1 hour or less 5: None

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	watching series, playing games, reading the news, going on facebook, doing schoolwork etc.)	
s_53	9. In addition to work and education, how many hours on a typical day on weekends do you spend on the following activities: - Read physical books/magazines/magazines including school literature	1: 3 hours or more 2: 2-3 hours 3: 1-2 hours 4: 1 hour or less 5: None
s_52	9. In addition to work and education, how many hours on a typical day on the weekend do you spend on the following activities: - Surfing on your mobile phone	1: 3 hours or more 2: 2-3 hours 3: 1-2 hours 4: 1 hour or less 5: None
s_50	9. In addition to work and education, how many hours on a typical day on the weekend do you spend on the following activities: - Watch TV or play playstation/nintendo/xbox or similar	1: 3 hours or more 2: 2-3 hours 3: 1-2 hours 4: 1 hour or less 5: None
s_146	10. Is your computer placed directly in your lap or on e.g. a pillow in your lap when you use it?	1: Never 2: Sometimes 3: Mostly 4: Always
s_147	11. Where do you primarily have your phone when you're not using it?	1: I don't have a cell phone 2: In my front pocket 3: In my back pocket 4: In a bag
s_55	12. How often during a week do you typically drink the following drinks? - Water (tap water or sparkling water)	0: Every day 1: 5-6 days a week 2: 3-4 days a week 3: 1-2 days a week 4: Less than one day a week
s_148	12. How often during a week do you typically drink the following drinks? -Coffee	0: Every day 1: 5-6 days a week 2: 3-4 days a week 3: 1-2 days a week 4: Less than one day a week

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s_149	12. How often during a week do you typically drink the following drinks? - Black tea (e.g. Earl Grey)	0: Every day 1: 5-6 days a week 2: 3-4 days a week 3: 1-2 days a week 4: Less than one day a week
s_150	12. How often during a week do you typically drink the following drinks? - Cocoa (e.g. Mathilde, Cocio etc.)	0: Every day 1: 5-6 days a week 2: 3-4 days a week 3: 1-2 days a week 4: Less than one day a week
s_151	12. How often during a week do you typically drink the following drinks? - Sugary soft drinks (e.g. regular Coca Cola, Sprite etc.)	0: Every day 1: 5-6 days a week 2: 3-4 days a week 3: 1-2 days a week 4: Less than one day a week
s_152	12. How often during a week do you typically drink the following drinks? - Light soft drinks (e.g. Cola Zero)	0: Every day 1: 5-6 days a week 2: 3-4 days a week 3: 1-2 days a week 4: Less than one day a week
s_153	12. How often during a week do you typically drink the following drinks? - Energy drinks (e.g. Cult, Red Bull, Monster, Faxe Kondi Booster, Burn)	0: Every day 1: 5-6 days a week 2: 3-4 days a week 3: 1-2 days a week 4: Less than one day a week
s_154	12. How often during a week do you typically drink the following drinks? -Milk	0: Every day 1: 5-6 days a week 2: 3-4 days a week 3: 1-2 days a week 4: Less than one day a week
s_155	12. How often during a week do you typically drink the following drinks? - Milk alternatives (e.g. soya milk, almond milk and rice milk)	0: Every day 1: 5-6 days a week 2: 3-4 days a week 3: 1-2 days a week 4: Less than one day a week
s_56	13. How often during a week do you typically eat the following foods? - Fruit (excludes dried fruit)	0: Every day 1: 5-6 days a week 2: 3-4 days a week 3: 1-2 days a week 4: Less than one day a week
s_56_1	13. How often during a week do you typically eat the following	0: Every day 1: 5-6 days a week

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	foods? - Vegetables (not applicable to potatoes)	2: 3-4 days a week 3: 1-2 days a week 4: Less than one day a week
s_56_2	13. How often during a week do you typically eat the following food items? - Potatoes, rice and pasta	0: Every day 1: 5-6 days a week 2: 3-4 days a week 3: 1-2 days a week 4: Less than one day a week
s_56_3	13. How often during a week do you typically eat the following foods? - Fish and fish products (e.g. fresh fish, canned tuna, shrimp, fish fillet, etc.)	0: Every day 1: 5-6 days a week 2: 3-4 days a week 3: 1-2 days a week 4: Less than one day a week
s_56_4	13. How often during a week do you typically eat the following foods? - Meat and meat products (e.g. beef, lamb, pork, salami, roast beef etc.)	0: Every day 1: 5-6 days a week 2: 3-4 days a week 3: 1-2 days a week 4: Less than one day a week
s_56_5	13. How often during a week do you typically eat the following foods? - Poultry and poultry products (e.g. chicken, turkey, chicken spreads etc.)	0: Every day 1: 5-6 days a week 2: 3-4 days a week 3: 1-2 days a week 4: Less than one day a week
s_156	13. How often during a week do you typically eat the following foods? - Eggs and egg products	0: Every day 1: 5-6 days a week 2: 3-4 days a week 3: 1-2 days a week 4: Less than one day a week
s_157	13. How often during a week do you typically eat the following foods? - Sweets (e.g. wine gums, liquorice, hard candy etc.)	0: Every day 1: 5-6 days a week 2: 3-4 days a week 3: 1-2 days a week 4: Less than one day a week
s_158	13. How often during a week do you typically eat the following foods? - Chocolate/cake	0: Every day 1: 5-6 days a week 2: 3-4 days a week 3: 1-2 days a week 4: Less than one day a week
s_159	13. How often during a week do you typically eat the following foods? -Crisps	0: Every day 1: 5-6 days a week 2: 3-4 days a week 3: 1-2 days a week

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		4: Less than one day a week
s_160	13. How often during a week do you typically eat the following foods? - Dairy products (e.g. skyr, cheese, yogurt etc.)	0: Every day 1: 5-6 days a week 2: 3-4 days a week 3: 1-2 days a week 4: Less than one day a week
s_161	13. How often during a week do you typically eat the following foods? - Take-away (e.g. pizza, Indian, Thai food, shawarma etc.)	0: Every day 1: 5-6 days a week 2: 3-4 days a week 3: 1-2 days a week 4: Less than one day a week
s_162	14. Do you use, or have you used, energy supplements such as creatine or protein supplements in the form of e.g. powder or bars?	1: No, I've never used that 2: Yes, I have been using it within the last 3 months 3: Yes, I have used it, but it was more than 3 months ago
s_163	14a. How often have you used creatine or protein supplements in the past 3 months?	1: 1-3 times per month 2: 1-3 times per week 3: At least 4 times per week
s_164	14b. How often did you use creatine or protein supplements during the time you used it?	1: 1-3 times per month 2: 1-3 times per week 3: At least 4 times per week
s_16_1	14c. What kind of creatine/protein is/was your protein supplement made of? (feel free to choose more) - Creatine	0: Not selected 1: selected
s_16_2	14c. What kind of creatine/protein is/was your protein supplement made of? (feel free to choose more) - Whey/wheat/whey	0: Not selected 1: selected
s_16_3	14c. What kind of creatine/protein is/was your protein supplement made of? (feel free to choose more) - Casein	0: Not selected 1: selected
s_16_4	14c. What kind of creatine/protein is/was your protein supplement made of?	0: Not selected 1: selected

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	(feel free to choose more) - Goat's milk	
s_16_5	14c. What kind of creatine/protein is/was your protein supplement made of? (feel free to choose more) - Egg white	0: Not selected 1: selected
s_16_6	14c. What kind of creatine/protein is/was your protein supplement made of? (feel free to choose more) - Beef/steak	0: Not selected 1: selected
s_16_7	14c. What kind of creatine/protein is/was your protein supplement made of? (feel free to choose more) - Soy	0: Not selected 1: selected
s_16_8	14c. What kind of creatine/protein is/was your protein supplement made of? (feel free to choose more) - Peas	0: Not selected 1: selected
s_16_9	14c. What kind of creatine/protein is/was your protein supplement made of? (feel free to choose more) - Hemp	0: Not selected 1: selected
s_16_10	14c. What kind of creatine/protein is/was your protein supplement made of? (feel free to choose more) - Rice	0: Not selected 1: selected
s_16_11	14c. What kind of creatine/protein is/was your protein supplement made of? (feel free to choose more) - Other	0: Not selected 1: selected
s_3	14c. What kind of creatine/protein is/was your protein supplement made of? (feel free to choose more) - Other	
s_166	14d. What is/was your primary motivation for using creatine or protein powder?	1: Build muscle 2: Gain weight 3: Perform better/gain more stamina

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		4: Weight loss 5: Other
s_4	14d. What is/was your primary motivation for using creatine or protein powder? -Other	
s_5	15. Has a doctor ever said that you have or have had any of these diseases? (feel free to put more crosses) - Diabetes	4: Yes 5: No
s_168	15. Has a doctor ever said that you have or have had any of these diseases? (feel free to put more crosses) - Too high or too low metabolism	4: Yes 5: No
s_169	15. Has a doctor ever said that you have or have had any of these diseases? (feel free to put more crosses) – Depression	4: Yes 5: No
s_170	15. Has a doctor ever said that you have or have had any of these diseases? (feel free to put more crosses) - Other mental illness	4: Yes 5: No
s_171	15. Has a doctor ever said that you have or have had any of these diseases? (feel free to put several crosses) - Chronic intestinal inflammation	4: Yes 5: No
s_172	15. Has a doctor ever said that you have or have had any of these diseases? (feel free to put more crosses) – Inguinal hernia	4: Yes 5: No
s_173	16. Has a doctor ever said that you have or have had any of the following diseases of the genitals? (feel free to put several crosses) - Twisting of the testicle	1: Yes, but I have not had surgery/treatment for it 2: Yes, I have had surgery/treatment for it 3: No
s_174	16. Has a doctor ever said that you have or have had any of the following diseases of the genitals? (feel free to put several crosses) - Varicose hernia in the scrotum	1: Yes, but I have not had surgery/treatment for it 2: Yes, I have had surgery/treatment for it 3: No

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s_175	16. Has a doctor ever said that you have or have had any of the following diseases of the genitals? (feel free to put several crosses) - Water hernia in the scrotum	1: Yes, but I have not had surgery/treatment for it 2: Yes, I have had surgery/treatment for it 3: No
s_176	16. Has a doctor ever said that you have or have had any of the following diseases of the genitals? (feel free to put several crosses) - Incorrect mouth of the urethra (hypospadias)	1: Yes, but I have not had surgery/treatment for it 2: Yes, I have had surgery/treatment for it 3: No
s_177	16. Has a doctor ever said that you have or have had any of the following diseases of the genitals? (feel free to put several crosses) - Phimosis	1: Yes, but I have not had surgery/treatment for it 2: Yes, I have had surgery/treatment for it 3: No
s_6	17. Have you had mumps?	1: Yes 2: No 3: Don't know
s_7	17a. How old were you approximately when you had mumps?	1: Age in years: 2: Don't know
s_8	17a. How old were you approximately when you had mumps? - Age in years:	
s_9	17b. Were the testicles infested when you had mumps?	1: Yes 2: No 5: Don't know
s_10	18. How often do you take over-the-counter pain medications? (E.g. panodil, kodimagnyl, ipren etc.)	1: One or more times a day 2: One or more times a week 3: One or more times a month 4: Less often than once a month 5: Never/almost never
s_123	18a. What dose (mg) do you take most often when taking over-the-counter painkillers? (take a look at the package if you have one in your home and multiply by the number of pills you normally take at a time)	

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s_11	19. How often do you take other over-the-counter medications? (e.g. antihistamine for allergies)	1: One or more times a day 2: One or more times a week 3: One or more times a month 4: Less often than once a month 5: Never/almost never
s_18	20. Overall, how would you assess your health?	1: Very good 2: Good 3: Browsewell 4: Bad 5: Very bad
s_12	21. How often within the last month: - Have you been upset by something that happened unexpectedly?	1: Never 2: Almost never 3: In between 6: Quite often 5: Very often
s_17	21. How often within the last month: - Have you felt that you were unable to control the significant things in your life?	1: Never 2: Almost never 3: In between 6: Quite often 5: Very often
s_16	21. How often within the last month: - Have you felt nervous and stressed?	1: Never 2: Almost never 3: In between 6: Quite often 5: Very often
s_15	21. How often within the last month: - Have you felt confident in your abilities to cope with your personal problems?	1: Never 2: Almost never 3: In between 6: Quite often 5: Very often
s_14	21. How often within the last month: - Have you felt that things were going the way you wanted them to?	1: Never 2: Almost never 3: In between 6: Quite often 5: Very often
s_13	21. How often in the last month: - Have you found that you couldn't cope with everything you had to do?	1: Never 2: Almost never 3: In between 6: Quite often 5: Very often

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s_179	21. How often in the last month: - Have you been able to deal with things that annoy you?	1: Never 2: Almost never 3: In between 6: Quite often 5: Very often
s_180	21. How often in the last month: - Have you felt like you were on top of things?	1: Never 2: Almost never 3: In between 6: Quite often 5: Very often
s_181	21. How often in the last month: - Have you become angry about things you had no influence on?	1: Never 2: Almost never 3: In between 6: Quite often 5: Very often
s_182	21. How often within the last month: - Have you felt that the difficulties were piling up so much that you could not cope with them?	1: Never 2: Almost never 3: In between 6: Quite often 5: Very often
s_183	22. Do you smoke e-cigarettes?	1: Yes, every day 2: Yes, but not every day 3: It happens 4: No, but I have smoked e- cigarettes in the past 5: No, but I've tried them 6: No, I've never tried them
s_184	22a. How old were you when you started smoking e-cigarettes?	
s_185	22b. How old were you when you stopped smoking e-cigarettes?	
s_186	22c. Do you smoke or smoke e- cigarettes with nicotine?	1: Yes, always 2: Yes, sometimes 3: No, never 4: Don't know
s_187	22d. How much nicotine is there/was in the liquid you most often use/used?	1: 2-4 mg/ml 2: 6-8 mg/ml 3: 10-12 mg/ml 4: 14-16 mg/ml 5: 18-20 mg/ml 6: 22-24 mg/ml 7: Above 24 mg/ml

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		8: Don't know
s_188	22e. How many ml of e-liquid do you smoke/smoke approx. per month?	1: 1-10 ml 2: 11-20 ml 3: 21-30 ml 4: 31-40 ml 5: 41-50 ml 6: 51-60 ml 7: 61-70 ml 8: 71-80 ml 9: 81-90 ml 10: 91-100 ml 11: Over 100 ml 12: Don't know
s_57	23. Do you smoke tobacco? (for example, cigarettes, pipes, cigars, cigarillos, cigars, cigars or hookahs)	1: Yes, every day 2: Yes, at least once a week 3: Yes, but less often than every week 4: No, but I have smoked in the past 6: No, I've never smoked
s_58	23a. How old were you when you started smoking tobacco regularly? (specify age in years)	
s_189	23b. How old were you when you stopped smoking tobacco regularly? (specify age in years)	
s_59	23c. For how many years have you smoked in total? If you have smoked for several periods, add up the periods (specify in years)	
s_190	23d. What do/did you primarily smoke?	1: Cigarettes 2: Cerutts 3: Cigarillos 4: Pipe 5: Cigars : Shisha 7: Other
s_19	23d. What do/did you primarily smoke? -Other	
s_192	23e. How many cigarettes do/did you smoke/smoke daily?	1: Do not smoke/smoke cigarettes every day 2: 1-4 cigarettes

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		<p>3: 5-9 cigarettes 4: 10-14 cigarettes 5: 15-19 cigarettes 6: 20-24 cigarettes 7: 25-29 cigarettes 8: 30 cigarettes or more</p>
s_193	23f. How many cigarillos/cigars do/did you smoke daily?	
s_194	24. Do you use: - Snuff	<p>1: Yes, daily 2: Yes, but not daily 3: No, but have previously used 4: No, never used</p>
s_195	24. Do you use: - Chewing tobacco:	<p>1: Yes, daily 2: Yes, but not daily 3: No, but have previously used 4: No, never used</p>
s_196	24. Do you use: - Tobacco lozenges	<p>1: Yes, daily 2: Yes, but not daily 3: No, but have previously used 4: No, never used</p>
s_197	24a. In total, how many years have you used snuff/chewing/chewing tobacco/tobacco pellets? If you have used it for several periods, add up the periods.	<p>1: Yes, daily 2: Yes, but not daily 3: No, but have previously used 4: No, never used</p>
s_198	25. Do you use: - Nicotine gum	<p>1: Yes, daily 2: Yes, but not daily 3: No, but have previously used 4: No, never used</p>
s_199	25. Do you use: - Nicotine patch	<p>1: Yes, daily 2: Yes, but not daily 3: No, but have previously used 4: No, never used</p>
s_200	25. Do you use: - Inhaler with nicotine	<p>1: Yes, daily 2: Yes, but not daily 3: No, but have previously used 4: No, never used</p>
s_201	25. Do you use: - Other nicotine product	<p>1: Yes, daily 2: Yes, but not daily 3: No, but have previously used 4: No, never used</p>

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s_66	26. Are you exposed to secondhand smoke daily?	1: Yes 2: No 4: Don't know
s_68	27. Do you drink alcohol?	1: Yes 2: I have drunk alcohol, but no longer drink 3: No, I have never drunk alcohol
s_69	27a. How often do you drink alcohol?	1: Less than 1 time per month 2: 1-3 times a month 3: 1 time per week 4: 2 times a week 5: 3 times a week 6: Every other day or more
s_126	27b. How often do you drink five standard drinks or more at the same occasion?	1: Never 2: 1-3 times a month 3: 1 time per week 4: 2 times a week 5: 3 times a week 6: Every other day or more
s_114	28. How many times have you tried the following drugs? - Hashish, skunk or pot	1: Never 2: Once 3: 2-3 times 4: More than 3 times
s_115	28. How many times have you tried the following drugs? - Amphetamine (speed)	1: Never 2: Once 3: 2-3 times 4: More than 3 times
s_129	28. How many times have you tried the following drugs? - Ecstasy/MDA/MDMA	1: Never 2: Once 3: 2-3 times 4: More than 3 times
s_202	28. How many times have you tried the following drugs? - Fantasy, GHB, caps	1: Never 2: Once 3: 2-3 times 4: More than 3 times
s_130	28. How many times have you tried the following drugs? - Sedative or sleeping medication (not on prescription)	1: Never 2: Once 3: 2-3 times 4: More than 3 times

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s_116	28. How many times have you tried the following drugs? – Cocaine	1: Never 2: Once 3:2-3 times 4: More than 3 times
s_131	28. How many times have you tried the following drugs? –LSD	1: Never 2: Once 3:2-3 times 4: More than 3 times
s_132	28. How many times have you tried the following drugs? - Opiates (heroin, morphine, methadone)	1: Never 2: Once 3:2-3 times 4: More than 3 times
s_117	28. How many times have you tried the following drugs? - Euphoriant mushrooms	1: Never 2: Once 3:2-3 times 4: More than 3 times
s_118	28. How many times have you tried the following drugs? - Sniffing solvents or lighter gas	1: Never 2: Once 3:2-3 times 4: More than 3 times
s_133	28. How many times have you tried the following drugs? - Sniffing/inhaling nitrous oxide	1: Never 2: Once 3:2-3 times 4: More than 3 times
s_134	28. How many times have you tried the following drugs? -Other	1: Never 2: Once 3:2-3 times 4: More than 3 times
s_78	29. Are you taking or have you previously taken anabolic steroids?	1: Yes, I use anabolic steroids 2: Yes, I have previously used anabolic steroids 3: No, I've never used anabolic steroids
s_203	29a. How old were you when you started using anabolic steroids? (specify age in years)	
s_204	29b. How old were you when you stopped using anabolic steroids?	
s_205	29c. In total, how many years have you used anabolic steroids? (if you have used it several times, add up the periods)	

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s_79	30. Were both of your testicles (stones) in the scrotum when you were born?	1: Yes 2: No 5: Don't know
s_80	31. Are your testicles in the scrotum now?	1: Yes, both are in the scrotum 2: Yes, only the one 3: No, none of them
s_206	32. Do you have hair in your armpits?	1: Yes 2: No
s_207	32a. Were you younger, the same age or older than your peers when you got arm pit hair?	1: Younger 2: At the age of 3: Elderly
s_213	32b. How old were you when you got hair in your armpits?	1: Age: 2: Can't remember
s_20	32b. How old were you when you got hair in your armpits? -Age:	
s_215	33. Do you have hair in the intimate area/crotch?	1: Yes 2: No
s_208	33a. Were you younger, the same age or older than your peers when you got hair in the intimate area/crotch?	1: Younger 2: At the age of 3: Elderly
s_216	33b. How old were you when you got hair in the intimate area/crotch?	1: Age: 2: Can't remember
s_21	33b. How old were you when you got hair in the intimate area/crotch? -Age:	
s_217	34. Do you have, or have you had, unclean skin/pimples that require/required thorough washing or medication?	1: Yes 2: No
s_209	34a. Were you younger, the same age or older than your peers when you got unclean skin/pimples that require/required thorough washing or medication?	1: Younger 2: At the age of 3: Elderly
s_218	34b. How old were you when you got unclean skin/pimples that require/required thorough washing or medication?	1: Age: 2: Can't remember

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s_22	34b. How old were you when you got unclean skin/pimples that require/required thorough washing or medication? -Age:	
s_219	35. Has your voice transitioned?	1: Yes 2: No
s_210	35a. Were you younger, the same age or older than your peers when your voice transitioned?	1: Younger 2: At the age of 3: Elderly
s_220	35b. How old were you when your voice went into transition?	1: Age: 2: Can't remember
s_23	35b. How old were you when your voice went into transition? - Age:	
s_221	36. Does your beard grow enough for you to shave regularly?	1: Yes 2: No
s_211	36a. Were you younger, the same age or older than your peers when your beard began to grow enough for you to shave regularly?	1: Younger 2: At the age of 3: Elderly
s_223	36b. How old were you when your beard started growing enough for you to shave regularly?	1: Age: 2: Can't remember
s_26	36b. How old were you when your beard started growing enough for you to shave regularly? -Age:	
s_224	37. How old were you when you first experienced significant growth in your height?	1: I haven't experienced that 2: Age:
s_28	37. How old were you when you first experienced significant growth in your height? -Age:	
s_212	37a. Were you younger, the same age or older than your peers when you first experienced significant growth in your height?	1: Younger 2: At the age of 3: Elderly
s_88	38. Have you had your first nightly ejaculation?	1: Yes 2: No 3: Don't know

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s_225	38a. How old were you when you had your first nightly ejaculation?	1: Age: 2: Can't remember
s_29	38a. How old were you when you had your first nightly ejaculation? -Age:	
s_90	39. Have you had sex with anyone?	1: Yes 2: No
s_91	39a. Have you ever made a girl pregnant?	1: Yes 2: No
s_255	39b. Have you ever been diagnosed with reduced sperm quality?	1: Yes 2: No
s_93	40. Has a doctor ever told you that you have, or have had, one or more of these diseases? - Herpes (does not apply to cold sores)	1: Yes 2: No
s_98	40. Has a doctor ever told you that you have, or have had, one or more of these diseases? – Chlamydia	1: Yes 2: No
s_95	40. Has a doctor ever told you that you have, or have had, one or more of these diseases? – Epididymitis (inflammation of the back of the testis)	1: Yes 2: No
s_94	40. Has a doctor ever told you that you have, or have had, one or more of these diseases? - Genital warts (condylomas)	1: Yes 2: No
s_135	40. Has a doctor ever told you that you have, or have had, one or more of these diseases? – Gonorrhea	1: Yes 2: No
s_136	40. Has a doctor ever told you that you have, or have had, one or more of these diseases? –HIV	1: Yes 2: No
s_137	40. Has a doctor ever told you that you have, or have had, one or more of these diseases? – Syphilis	1: Yes 2: No

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s_226	41. Did your mother smoke while pregnant with you?	1: No, never 2: Yes, but only at the beginning of pregnancy 3: Yes, but only at the end of pregnancy 4: Yes, throughout pregnancy 5: Don't know
s_227	42. Did your mother smoke when you were a child?	1: No 2: Yes 3: Sometimes/in some periods 4: Don't know
s_228	43. Did your mother breastfeed you when you were an infant?	1: Yes, she breastfed me exclusively 2: Yes, she both breastfed me and gave me formula 3: No, she only gave me formula 4: Don't know
s_229	43a. How many months were you exclusively breastfed? (i.e. no infant formula)	1: Months: 2: Don't know
s_36	43a. How many months were you exclusively breastfed? (i.e. no infant formula) - Months:	
s_231	43b. How many months did your mother breastfeed you in combination with formula?	1: Months: 2: Don't know
s_37	43b. How many months did your mother breastfeed you in combination with formula? - Months:	
s_41	44. Do you have any tattoos?	1: Yes 2: No
s_233	44a. How many tattoos do you have?	
s_100_1	44b. What colors are your tattoos? (feel free to put several crosses) - Black	0: Not selected 1: Selected
s_100_2	44b. What colors are your tattoos? (feel free to put more crosses) – Red	0: Not selected 1: Selected

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s_100_3	44b. What colors are your tattoos? (feel free to put more crosses) – Blue	0: Not selected 1: Selected
s_100_4	44b. What colors are your tattoos? (feel free to put more crosses) – Green	0: Not selected 1: Selected
s_100_5	44b. What colors are your tattoos? (feel free to put more crosses) – Yellow	0: Not selected 1: Selected
s_100_6	44b. What colors are your tattoos? (feel free to put several crosses) – White	0: Not selected 1: Selected
s_100_7	44b. What colors are your tattoos? (feel free to put several crosses) - Different color:	0: Not selected 1: Selected
s_42	44b. What colors are your tattoos? (feel free to put several crosses) - Different color:	
s_45	45. Do you use the following products every day or several times a week? -Shampoo	4: Yes, with perfume 5: Yes, without perfume (e.g. the Nordic Swan Ecolabel) 6: No
s_234	45. Do you use the following products every day or several times a week? -Balm	4: Yes, with perfume 5: Yes, without perfume (e.g. the Nordic Swan Ecolabel) 6: No
s_235	45. Do you use the following products every day or several times a week? – Shower gel	4: Yes, with perfume 5: Yes, without perfume (e.g. the Nordic Swan Ecolabel) 6: No
s_236	45. Do you use the following products every day or several times a week? – Body lotion	4: Yes, with perfume 5: Yes, without perfume (e.g. the Nordic Swan Ecolabel) 6: No
s_237	45. Do you use the following products every day or several times a week? – Shaving foam	4: Yes, with perfume 5: Yes, without perfume (e.g. the Nordic Swan Ecolabel) 6: No
s_238	45. Do you use the following products every day or several	4: Yes, with perfume 5: Yes, without perfume (e.g. the Nordic Swan Ecolabel)

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	times a week? - Hair removal agent (e.g. veet)	6: No
s_239	45. Do you use the following products every day or several times a week? –Aftershave	4: Yes, with perfume 5: Yes, without perfume (e.g. the Nordic Swan Ecolabel) 6: No
s_240	45. Do you use the following products every day or several times a week? - Toner	4: Yes, with perfume 5: Yes, without perfume (e.g. the Nordic Swan Ecolabel) 6: No
s_241	45. Do you use the following products every day or several times a week? - Face cream	4: Yes, with perfume 5: Yes, without perfume (e.g. the Nordic Swan Ecolabel) 6: No
s_242	45. Do you use the following products every day or several times a week? -Deodorant	4: Yes, with perfume 5: Yes, without perfume (e.g. the Nordic Swan Ecolabel) 6: No
s_243	45. Do you use the following products every day or several times a week? -Perfume	4: Yes, with perfume 5: Yes, without perfume (e.g. the Nordic Swan Ecolabel) 6: No
s_244	45. Do you use the following products every day or several times a week? - Hair products (e.g. gel, wax, hairspray)	4: Yes, with perfume 5: Yes, without perfume (e.g. the Nordic Swan Ecolabel) 6: No
s_245	46. Do you use detergent and fabric softener when washing clothes? - Detergent (liquid/powder)	4: Yes, with perfume 5: Yes, without perfume (e.g. the Nordic Swan Ecolabel) 6: No
s_246	46. Do you use detergent and fabric softener when washing clothes? -Fabric softener	4: Yes, with perfume 5: Yes, without perfume (e.g. the Nordic Swan Ecolabel) 6: No
b_1	Name	
firstnam	First name	
Externide	External person ID	
stato_1	Unified status - New	0: Not selected 1: Selected

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stato_2	Consolidated status – Distributed	0: Not selected 1: Selected
stato_3	Overall status - Any answers	0: Not selected 1: Selected
stato_4	Overall status – Completed	0: Not selected 1: Selected
stato_5	Overall status – The Waiver	0: Not selected 1: Selected