Sources used to develop ESIT-SQ and optional questions

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| NN | Questions/Response options | Sources |
|  | **PART A. INDIVIDUAL CHARACTERISTICS** |  |
| A1 | Age (years) |  |
| A2 | At birth were you described as: | Reproduced from Balarajan et al. (2011) |
|  | ☐ Male ☐ Female ☐ Intersex ☐ Prefer not to say | Reproduced from Balarajan et al. (2011) |
| A3 | What is your height? | Adapted from the European Tinnitus Survey question A9 (Biswas et al., in preparation) |
| A4 | What is your weight? | Adapted from the European Tinnitus Survey question A10 (Biswas et al., in preparation) |
| O1 | What is your handedness? | Adapted from TSCHQ question 3 |
|  | ☐ Right ☐ Left ☐ Both (ambidextrous) | Adapted from TSCHQ question 3 |
| O2 | What is your country of residence? | Reproduced from STOP project questionnaire (unpublished) |
| O3 | What was your country of birth? | Reproduced from STOP project questionnaire (unpublished) |
| A5 | What is the highest education level you have achieved? | Adapted from the European Tinnitus Survey question A4 (Biswas et al., in preparation) |
|  | ☐ No school ☐ Primary (elementary school) ☐ Lower secondary (middle school) ☐ Upper secondary (high school) ☐ University or higher degree | Adapted from the European Tinnitus Survey question A4 (Biswas et al., in preparation) |
| O4 | What is your marital status? | Adapted from: European Tinnitus Survey question A6 (Biswas et al., in preparation); STOP project questionnaire (unpublished) |
|  | ☐ Married ☐ Living with partner ☐ Single ☐ Widow/Widower ☐ Divorced/Separated ☐ Prefer not to say | Adapted from: European Tinnitus Survey question A6 (Biswas et al., in preparation); STOP project questionnaire (unpublished) |
| O5 | How is your economic status relative to the average of the country where you leave in? | Adapted from: European Tinnitus Survey question A7 (Biswas et al., in preparation) |
|  | ☐ Much higher than the average ☐ Quite higher than the average ☐ On the average ☐ Quite lower than the average ☐ Much lower than the average ☐ Prefer not to say | Adapted from: European Tinnitus Survey question A7 (Biswas et al., in preparation) |
| O6 | Which of the following describes best your current situation? | Reproduced from STOP project questionnaire (unpublished) |
|  | ☐ Employed ☐ Unemployed ☐ Running my own business/Working as a partner in a company ☐ Retired ☐ Sick leave (for more than two months) or disability pension due to illness or disability ☐ Parental leave (since two months or longer) ☐ Student ☐ Sabbatical ☐ Housewife/-Husband ☐ Other ☐ Do not know | Reproduced from STOP project questionnaire (unpublished) |
| O7 | Have you ever worked at night (i.e. between 24:00-5:00)? | Reproduced from STOP project questionnaire (unpublished) |
|  | ☐ Yes, I do currently ☐ Yes, I have done it before ☐ No ☐ Do not know | Reproduced from STOP project questionnaire (unpublished) |
| A6 | What is the average number of alcoholic drinks that you consume per week? (One drink equals 125 ml of wine, 330 ml of beer or 40 ml of spirits) \_ \_ | Translated and adapted from the DOXA survey on tobacco smoking annually conducted in Italy (Asciutto et al., 2015). |
| A7 | Which of the following options best describes your smoking status? | Translated and adapted from the DOXA survey on tobacco smoking annually conducted in Italy (Gallus et al., 2015; Lugo et al., 2015) |
|  | ☐ Never smoker ☐ Current Smoker ☐ Ex-smoker | Translated and adapted from the DOXA survey on tobacco smoking annually conducted in Italy (Gallus et al., 2015; Lugo et al., 2015) |
| O8 | How many cigarettes do you smoke per day on average? \_ \_ | Translated and adapted from the DOXA survey on tobacco smoking annually conducted in Italy (Gallus et al., 2015; Lugo et al., 2015) |
| O9 | How many cups of coffee do you drink per day on average? \_ \_ | Translated and adapted from an Italian network of case-control studies (Gallus et al., 2002) |
| O10 | How many hours per week do you do leisure-time physical activities on average? | Translated and adapted from an Italian network of case-control studies (Tavani et al., 2001) |
|  | ☐ Less than 2 hours per week ☐ 2 - 4 hours per week ☐ 5 - 7 hours per week  ☐ More than 7 hours per week | Translated and adapted from an Italian network of case-control studies (Tavani et al., 2001) |
| O11 | How often do you consume meat on average? | Translated and adapted from an Italian case-control study on tinnitus (ongoing) |
|  | ☐ Vegetarian/vegan (no meat) ☐ Occasional (less than 3 times per month) ☐ 1 time per week ☐ 2 - 3 times per week ☐ 4 - 5 times per week ☐ 6 or more times per week | Translated and adapted from an Italian case-control study on tinnitus (ongoing). |
| O12 | How often do you consume fish on average? | Translated and adapted from an Italian case-control study on tinnitus (ongoing) |
|  | ☐ Vegetarian/vegan (no fish) ☐ Occasional (less than 3 times per month) ☐ 1 time per week ☐ 2-3 times per week ☐ 4-5 times per week ☐ 6 or more times per week | Translated and adapted from an Italian case-control study on tinnitus (ongoing). |
| O13 | How often do you consume fruits on average? | Translated and adapted from an Italian case-control study on tinnitus (ongoing) |
|  | ☐ Never ☐ Occasional (less than 3 times per month) ☐ 1 - 6 times per week ☐ 1 time per day ☐ 2 - 3 times per day ☐ 4 or more times per day | Translated and adapted from an Italian case-control study on tinnitus (ongoing). |
| O14 | How often do you consume vegetables on average? | Translated and adapted from an Italian case-control study on tinnitus (ongoing) |
|  | ☐ Never ☐ Occasional (less than 3 times per month) ☐ 1 - 6 times per week ☐ 1 time per day ☐ 2 - 3 times per day ☐ 4 or more times per day | Translated and adapted from an Italian case-control study on tinnitus (ongoing). |
| O15 | For how long do you use a mobile phone for calls on average? | Translated and adapted from an Italian case-control study on tinnitus (ongoing) |
|  | ☐ No use ☐ Less than 1 hour per month ☐ Around 1 hour per month ☐ 2 - 3 hours per month ☐ Around 1 hour per week ☐ 2 - 6 hours per week ☐ 1 hour per day ☐ More than 1 hour per day | Translated and adapted from an Italian case-control study on tinnitus (ongoing). |
| O16 | For how long do you use headphones to listen to music on average? | Translated and adapted from an Italian case-control study on tinnitus (ongoing) |
|  | ☐ No use ☐ Less than 1 hour per month ☐ Around 1 hour per month ☐ 2 - 3 hours per month ☐ Around 1 hour per week ☐ 2- 6 hours per week ☐ 1 hour per day ☐ More than 1 hour per day | Translated and adapted from an Italian case-control study on tinnitus (ongoing). |
| O17 | How many hours do you sleep per day on average? | Translated and adapted from an Italian case-control study on tinnitus (ongoing) |
|  | ☐ Less than 6 hours per day ☐ Around 6 hours ☐ Around 7 hours ☐ Around 8 hours ☐ 9 or more hours per day | Translated and adapted from an Italian case-control study on tinnitus (ongoing). |
| A8 | How many first degree relatives (parents, children, siblings) do you know to have tinnitus or hearing loss? (please write a number next to each family member) | Adapted from TSCHQ question 4 |
|  | \_\_Father \_\_Mother \_\_Brothers \_\_Sisters \_\_Sons \_\_Daughters | Adapted from TSCHQ question 4 |
| A9 | Do you suffer from vertigo (sensation of spinning or tilting)? | Adapted from: AL questionnaire (unpublished); TSCHQ question 31 |
|  | ☐ Never ☐ Yes, less than one episode per year ☐ Yes, at least one episode per year | Adapted from: AL questionnaire (unpublished); TSCHQ question 31 |
| A10 | Have you been diagnosed with any other ear condition? You can choose more than one option. | Adapted from AL questionnaire (unpublished) |
|  | ☐ Acoustic trauma (caused by loud sounds) ☐ Ear barotrauma (caused by acute change in ambient pressure) ☐ Presbycusis (aging of ears) ☐ Sudden hearing loss ☐ Other hearing loss ☐ Meniere's disease ☐ Acoustic neuroma (auditory nerve tumour) ☐ Acute otitis (ear inflammation) ☐ Serous otitis or Eustachian tube dysfunction ☐ Chronic otitis (e.g. tympanic perforation, cholesteatoma) ☐ Otosclerosis (reduced ossicles mobility) ☐ Other ear disorders. Please specify \_\_\_\_\_ ☐ No | Adapted from AL questionnaire (unpublished) |
| A11 | Have you ever undergone any of the following procedures? You can choose more than one option. | Adapted from AL questionnaire (unpublished) |
|  | ☐ Ear surgery ☐ Dental surgery ☐ Neurosurgery ☐ Lumbar puncture ☐ Chemotherapy ☐ Head and neck radiotherapy ☐ Electroconvulsive therapy ☐ Other procedure. Please specify \_\_\_\_\_ ☐ None of these | Adapted from AL questionnaire (unpublished) |
| A12 | Over the last week, have external sounds been a problem, being too loud or uncomfortable for you when they seemed normal to others around you? Note: external sounds refer to any sounds other than tinnitus, e.g. environmental sounds, speech, music. | Adapted from the Tinnitus and Hearing Survey (National Center for Rehabilitative Auditory Research, 2017) |
|  | ☐ No, not a problem ☐ Yes, a small problem ☐ Yes, a moderate problem ☐ Yes, a big problem ☐ Yes, a very big problem | Reproduced from the Tinnitus and Hearing Survey (National Center for Rehabilitative Auditory Research, 2017) |
| A13 | Do you currently have any other difficulty with your hearing, such as listening to speech in a noisy situation? | Reproduced from the European Tinnitus Survey question B4 (Biswas et al., in preparation) |
|  | ☐ Yes, cannot hear at all ☐ Yes, severe difficulty ☐ Yes, moderate difficulty ☐ Yes, slight difficulty ☐ No difficulty ☐ Do not know | Adapted from the European Tinnitus Survey question B4 (Biswas et al., in preparation) |
| A14 | Do you use any of the following devices? You can choose more than one option. | Adapted from: AL questionnaire (unpublished); TSCHQ question 27 |
|  | ☐ Hearing aid ☐ Cochlear implant ☐ Sound generator ☐ Combination device (hearing aid and sound generator in the same device) ☐ None | Adapted from: AL questionnaire (unpublished); TSCHQ question 27 |
| A15 | Do you suffer from any of the following pain syndromes? You can choose more than one option. | Adapted from: AL questionnaire (unpublished); TSCHQ question 30; TSCHQ question 33; TSCHQ question 34 |
|  | ☐ Headache ☐ Neck pain ☐ Ear pain ☐ Temporomandibular joint pain ☐ Pain in the face ☐ No ☐ Other. Please specify \_\_\_\_\_ | Adapted from: AL questionnaire (unpublished); TSCHQ question 30; TSCHQ question 33; TSCHQ question 34 |
| A16 | Do you have any of the following conditions that have been diagnosed by a clinician? You can choose more than one option. | Adapted from AL questionnaire (unpublished) |
|  | **Oral:** ☐ Temporomandibular joint disorder ☐ Dental problems **Neurological:** ☐ Meningitis ☐ Multiple sclerosis ☐ Epilepsy ☐ Stroke ☐ Other cerebrovascular disease ☐ Dementia ☐ Other neurologic disease **Psychiatric or psychological:** ☐ Anxiety ☐ Depression ☐ Emotional trauma ☐ Excessive stress **Sleep disorders:** ☐ Difficulty falling asleep ☐ Difficulty staying asleep **Cardiovascular:** ☐ Low blood pressure ☐ High blood pressure ☐ Myocardial infraction (heart attack) **Endocrine and metabolic:** ☐ Thyroid disorder ☐ Diabetes ☐ Hyperinsulinemia ☐ Increased cholesterol **Rheumatological and immune mediated:** ☐ Rheumatoid arthritis ☐ Systemic lupus erythematosus **Otorhinolaryngological:** ☐ Chronic sinusitis ☐ Nasal septum deviation **Infectious:** ☐ Syphilis ☐ HIV ☐ Lyme disease **Other:** ☐ Anaemia ☐ Instability or other balance disorders ☐ Acid/gastroesophageal reflux ☐ Globus hystericus ☐ Other. Please specify \_\_\_\_\_ ☐ None | Adapted from AL questionnaire (unpublished) |
| A17 | Tinnitus refers to the perception of noise in your head or ears (such as ringing or buzzing) in the absence of any corresponding source of sound external to your head. Over the past year, have you had tinnitus in your head or in one or both ears that lasts for more than five minutes at a time? | Adapted from European Tinnitus Survey question B1 (Biswas et al., in preparation) |
|  | ☐ Yes, most or all of time ☐ Yes, a lot of the time ☐ Yes, some of the time ☐No, not in the past year ☐ No, never ☐ Do not know | Adapted from European Tinnitus Survey question B1 (Biswas et al., in preparation) |
|  | **PART B. TINNITUS CHARACTERISTICS** |  |
| B1 | How often do you have tinnitus on average? | Adapted from Tinnitus Questionnaire question 7 (Schechter and Henry, 2002) |
|  | ☐ Daily or almost daily ☐ Almost weekly ☐ Almost monthly ☐ Every few months ☐ Yearly | Adapted from Tinnitus Questionnaire question 7 (Schechter and Henry, 2002) |
| B2 | What best describes your tinnitus during a day? | Adapted from: the Tinnitus Screener (National Center for Rehabilitative Auditory Research, 2017); TSCHQ question 10 |
|  | ☐ Constant: you can always or usually hear it in a quiet room  ☐ Intermittent: "comes and goes", cannot always hear it in a quiet room | Adapted from: the Tinnitus Screener (National Center for Rehabilitative Auditory Research, 2017); TSCHQ question 10 |
| B3 | How long ago did your tinnitus appear? | Adapted from: AL questionnaire (unpublished); TSCHQ question 5 |
|  | \_\_ months \_\_ years ☐ Do not know | Adapted from: AL questionnaire (unpublished); TSCHQ question 5 |
| B4 | Over the past year, how much does your tinnitus worry, annoy or upset you when it is at its worst? | Adapted from European Tinnitus Survey question B2 (Biswas et al., in preparation) |
|  | ☐ Severely ☐ Moderately ☐ Slightly ☐ Not at all ☐ Do not know | Adapted from European Tinnitus Survey question B2 (Biswas et al., in preparation) |
| B5 | How long ago did your tinnitus start bothering you? | Adapted from AL questionnaire (unpublished) |
|  | \_\_ months \_\_ years ☐ Do not know | Adapted from AL questionnaire (unpublished) |
| B6 | Although, most patients have tinnitus of a single type, some may hear different sounds. Do you hear one or more different sounds? | Adapted from AL questionnaire (unpublished) |
|  | ☐ One sound ☐ More than one different sound | Adapted from AL questionnaire (unpublished) |
| B7 | How was the start of your tinnitus? | Adapted from: AL questionnaire (unpublished); TSCHQ question 6 |
|  | ☐ Gradual ☐ Sudden ☐ Do not know | Adapted from: AL questionnaire (unpublished); TSCHQ question 6 |
| B8 | If you reported any conditions/procedures in questions A9, A10, A11, A12, A13, A15 or A16, please list them here and write next to them if they happened BEFORE, AFTER, or at about the SAME TIME as your tinnitus onset. | Adapted from AL questionnaire (unpublished) |
| B9 | Was the initial onset of your tinnitus related to (you can choose more than one option): | Adapted from: AL questionnaire (unpublished); TSCHQ question 7 |
|  | ☐ Exposure to loud sounds ☐ Change in hearing ☐ Exposure to change in ambient pressure (e.g. flight or diving) ☐ Flu, common cold or other infection ☐ Feeling of fullness or pressure in the ears ☐ Stress ☐ Head trauma ☐ Neck trauma (e.g. whiplash) ☐ Others. Please specify \_\_\_\_\_ ☐ None | Adapted from: AL questionnaire (unpublished); TSCHQ question 7 |
| B10 | Were you taking any of the medicines listed below around the time of your tinnitus onset? You can choose more than one option. | Adapted from AL questionnaire (unpublished) |
|  | ☐ Aspirin ☐ Pain killing medication. Please specify \_\_\_\_\_ ☐ Oral steroids. Please specify \_\_\_\_\_ ☐ Antibiotics. Please specify \_\_\_\_\_ ☐ Antidepressants. Please specify \_\_\_\_\_ ☐ Quinine (muscle cramps, malaria) ☐ Water tablets (diuretics). Please specify \_\_\_\_\_ ☐ Other medicines. Please specify ☐ Do not know ☐ No | Adapted from AL questionnaire (unpublished) |
| B11 | Do you think any of the conditions mentioned before or any other conditions are related to your tinnitus onset? You can give up to 3 responses - please choose the most important. | Adapted from AL questionnaire (unpublished) |
|  | ☐ No ☐ Yes. Please specify \_\_\_\_\_ | Adapted from AL questionnaire (unpublished) |
| B12 | Is the loudness of your tinnitus stable over time or does it fluctuate over a day? | Adapted from AL questionnaire (unpublished) |
|  | ☐ Stable ☐ Sometimes fluctuating ☐ Always fluctuating ☐ Do not know | Adapted from AL questionnaire (unpublished) |
| B13 | What does your tinnitus sound like? | Adapted from TSCHQ question 14 |
|  | ☐ Tonal ☐ Noise-like ☐Music-like ☐ Crickets ☐ Other. Please specify \_\_\_\_\_\_\_\_ | Adapted from TSCHQ question 14 |
| B14 | Please describe the pitch of your tinnitus: | Adapted from TSCHQ question 15 |
|  | ☐ High pitched ☐ Medium pitched ☐ Low pitched ☐ Do not know | Adapted from TSCHQ question 15 |
| B15 | Where do you perceive your tinnitus? | Adapted from: AL questionnaire (unpublished); TSCHQ question 9 |
|  | ☐ Right ear ☐ Left ear ☐ Both ears, worse in left ☐ Both ears, worse in right  ☐ Both ears, equally ☐ Inside the head  ☐ Other. Please specify \_\_\_\_\_ ☐ Do not know | Adapted from: AL questionnaire (unpublished); TSCHQ question 9 |
| B16 | Is your tinnitus rhythmic? | Adapted from: AL questionnaire (unpublished); TSCHQ question 8 |
|  | ☐ No ☐ Yes, following heart beat (can be checked by feeling the pulse at the same time as listening to the tinnitus) ☐ Yes, following breathing ☐ Yes, following movements of the head, neck, jaw or muscles of the face ☐ Other. Please specify \_\_\_\_\_ | Adapted from: AL questionnaire (unpublished); TSCHQ question 8 |
| B17 | Has a clinician ever heard your tinnitus? | Adapted from AL questionnaire (unpublished) |
|  | ☐ Yes ☐ No | Adapted from AL questionnaire (unpublished) |
| B18 | Is your tinnitus reduced by (you can choose more than one option): | Adapted from: AL questionnaire (unpublished); TSCHQ question 19; TSCHQ question 21; TSCHQ question 22; TSCHQ question 23; TSCHQ question 24; TSCHQ question 25 |
|  | ☐ Very quiet environment ☐ Low intensity sounds ☐ High intensity sounds ☐ Head movements ☐ Clenching the teeth or moving the jaw ☐ Pressing your head, neck, or area around the ear ☐ Taking a nap ☐ Good sleep quality ☐ Driving ☐ Being stressed or anxious ☐ Being relaxed ☐ Drinking alcohol ☐ Drinking coffee ☐ Medications ☐ Using hearing aids ☐ Other. Please specify \_\_\_\_\_ ☐ None | Adapted from: AL questionnaire (unpublished); TSCHQ question 19; TSCHQ question 21; TSCHQ question 22; TSCHQ question 24; TSCHQ question 25 |
| B19 | Is your tinnitus increased by (you can choose more than one option): | Adapted from: AL questionnaire (unpublished); TSCHQ question 20; question 21; TSCHQ question 22; TSCHQ question 24; TSCHQ question 25 |
|  | ☐ Very quiet environment ☐ Low intensity sounds ☐ High intensity sounds ☐ Head movements ☐ Clenching the teeth or moving the jaw ☐ Pressing your head, neck, or area around the ear ☐ Taking a nap ☐ Poor sleep quality ☐ Driving ☐ Being stressed or anxious ☐ Being relaxed ☐ Drinking alcohol ☐ Drinking coffee ☐ Medications ☐ Using hearing aids ☐ Other. Please specify \_\_\_\_\_ ☐ None | Adapted from: AL questionnaire (unpublished); TSCHQ question 20; question 21; TSCHQ question 22; TSCHQ question 24; TSCHQ question 25 |
| B20 | Over the past year, have you seen your family doctor, or seen a healthcare professional at a clinic or hospital about your tinnitus? | Reproduced from European Tinnitus Survey question B3 (Biswas et al., in preparation) |
|  | ☐ Yes, 5 or more visits ☐ Yes, from 2 to 4 visits ☐ Yes, just one visit ☐ Not at all ☐ Do not know | Adapted from European Tinnitus Survey question B3 (Biswas et al., in preparation) |
| B21 | Are you currently receiving any of the following types of management for your tinnitus? You can choose more than one option. | Adapted from: AL questionnaire (unpublished); TSCHQ question 35 |
|  | ☐ Psychiatric management ☐ Psychological management ☐ Audiological management ☐ Physiotherapy ☐ Self-management (e.g. dietary supplements, support groups, relaxation) ☐ Other. Please specify \_\_\_\_\_ ☐ No management | Adapted from: AL questionnaire (unpublished); TSCHQ question 35 |
| B22 | Do you think any of the conditions mentioned before, or any other conditions, are related to periods of increased tinnitus? You can give up to 3 responses - please choose the most important. | Adapted from AL questionnaire (unpublished) |
|  | ☐ No ☐ Yes. Please specify \_\_\_\_\_ | Adapted from AL questionnaire (unpublished) |

### A: questions from part A; B: questions from part B; O: optional questions

### TSCHQ: Tinnitus Sample Case History Questionnaire (Langguth et al., 2007); STOP: [Swedish Tinnitus Outreach Project](https://stop.ki.se/) (Schlee et al., 2017); AL: Alain Londero

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