

V1	V2	V3	V4	V5	V6	V7	V8	V9	V10
3	What type of milk has your baby been given since he/she was 6 months old?	1.Breast milk	Child's age in months 6to8 9to11 12to14 15to18	EE12	EE13	EE14	EE15		
4	What type of milk has your baby been given since he/she was 6 months old?	2. Formula	Child's age in months 6to8 9to11 12to14 15to19	EE16	EE17	EE18	EE19		
5	What type of milk has your baby been given since he/she was 6 months old?	3. Formula in the case of milk intolerance	Child's age in months 6to8 9to11 12to14 15to20	EE20	EE21	EE22	EE23		
6	What type of milk has your baby been given since he/she was 6 months old?	4. Whole milk (sweet)	Child's age in months 6to8 9to11 12to14 15to21	EE24	EE25	EE26	EE27		
7	What type of milk has your baby been given since he/she was 6 months old?	5. Low-fat milk (sweet)	Child's age in months 6to8 9to11 12to14 15to22	EE28	EE29	EE30	EE31		
8	What type of milk has your baby been given since he/she was 6 months old?	6. Extra low-fat milk (sweet)	Child's age in months 6to8 9to11 12to14 15to23	EE32	EE33	EE34	EE35		
9	What type of milk has your baby been given since he/she was 6 months old?	7. Skimmed milk (sweet)	Child's age in months 6to8 9to11 12to14 15to24	EE36	EE37	EE38	EE39		
10	What type of milk has your baby been given since he/she was 6 months old?	8. Yogurt with active lactobacillus, all types	Child's age in months 6to8 9to11 12to14 15to25	EE40	EE41	EE42	EE43		
11	What type of milk has your baby been given since he/she was 6 months old?	9. Other yogurt	Child's age in months 6to8 9to11 12to14 15to26	EE44	EE45	EE46	EE47		
12	What type of milk has your baby been given since he/she was 6 months old?	10. Other types of sour milk	Child's age in months 6to8 9to11 12to14 15to27	EE48	EE49	EE50	EE51		
13	How often do you give your child the following to drink now that he/she is 18 months old? Select the	1.Breast milk	1) Never Less than once a week 1-3 times a week 4-6 times a week 1-2 times in 24 hours 3-4	EE736					

	frequency which is most applicable on average.		times in 24 hours5 or more times in 24 hours
14	How often do you give your child the following to drink now that he/she is 18 months old? Select the frequency which is most applicable on average.	2. Formula	EE737
15	How often do you give your child the following to drink now that he/she is 18 months old? Select the frequency which is most applicable on average.	3. Formula in the case of milk intolerance	EE738
16	How often do you give your child the following to drink now that he/she is 18 months old? Select the frequency which is most applicable on average.	4. Whole milk	EE739
17	How often do you give your child the following to drink now that he/she is 18 months old? Select the frequency which is most applicable on average.	5. Low-fat milk	EE740
18	How often do you give your child the following to drink now that he/she is 18 months old? Select the frequency which is most applicable on average.	6. Extra low-fat milk	EE741

19	How often do you give your child the following to drink now that he/she is 18 months old? Select the frequency which is most applicable on average.	7. Skimmed milk	EE742
20	How often do you give your child the following to drink now that he/she is 18 months old? Select the frequency which is most applicable on average.	8. Yogurt, natural	EE743
21	How often do you give your child the following to drink now that he/she is 18 months old? Select the frequency which is most applicable on average.	9. Yogurt with fruit	EE744
22	How often do you give your child the following to drink now that he/she is 18 months old? Select the frequency which is most applicable on average.	10. Other types of sour milk	EE745
23	How often do you give your child the following to drink now that he/she is 18 months old? Select the frequency which is most applicable on average.	11. Tap water	EE746
24	How often do you give your child the following to drink now that he/she is 18 months old? Select the frequency which is most applicable on average.	12. Bottled water	EE747

25	How often do you give your child the following to drink now that he/she is 18 months old? Select the frequency which is most applicable on average.	13. Cordial, sweetened	EE748
26	How often do you give your child the following to drink now that he/she is 18 months old? Select the frequency which is most applicable on average.	14. Cordial, artificially sweetened	EE749
27	How often do you give your child the following to drink now that he/she is 18 months old? Select the frequency which is most applicable on average.	15. Juice	EE750
28	How often do you give your child the following to drink now that he/she is 18 months old? Select the frequency which is most applicable on average.	16. Fizzy drinks	EE751
29	How often do you give your child the following to drink now that he/she is 18 months old? Select the frequency which is most applicable on average.	17. Diet fizzy drinks	EE752
30	How often do you give your child the following to drink now that he/she is 18 months old? Select the frequency which is most applicable on average.	18. Other	EE753

31	How often do you give your child the following to drink now that he/she is 18 months old? Select the frequency which is most applicable on average.	Other, specify		EE67 EE701 (txt.)
32	Do you give your child the following to drink during the night now that he/she is roughly 18 months old?	1. Water	1) Never/seldom Now and then Yes, most night	EE68
33	Do you give your child the following to drink during the night now that he/she is roughly 18 months old?	2. Milk or cordial from a cup		EE69
34	Do you give your child the following to drink during the night now that he/she is roughly 18 months old?	3. Milk or cordial from a bottle		EE70
35	Do you give your child the following to drink during the night now that he/she is roughly 18 months old?	4. Breast milk		EE71
36	How often do you give your child the following to drink now that he/she is 18 months old?	1. Breast milk	1) Never/seldom 1-3 times a week 4-6 times a week At least once a day	EE52
37	How often do you give your child the following to drink now that he/she is 18 months old?	2. Formula		EE53
38	How often do you give your child the following to drink now that he/she is 18 months old?	3. Formula in the case of milk intolerance		EE54
39	How often do you give your child the following to	4. Low-fat skimmed milk		EE55

	drink now that he/she is 18 months old?		
40	How often do you give your child the following to drink now that he/she is 18 months old?	5. Yogurt with active lactobacillus, all types	EE56
41	How often do you give your child the following to drink now that he/she is 18 months old?	6. Other yogurt	EE57
42	How often do you give your child the following to drink now that he/she is 18 months old?	7. Other types of sour milk	EE58
43	How often do you give your child the following to drink now that he/she is 18 months old?	8. Tap water	EE59
44	How often do you give your child the following to drink now that he/she is 18 months old?	9. Bottled water	EE60
45	How often do you give your child the following to drink now that he/she is 18 months old?	10. Juice	EE61
46	How often do you give your child the following to drink now that he/she is 18 months old?	11. Cordial, with added sugar	EE62
47	How often do you give your child the following to drink now that he/she is 18 months old?	12. Cordial, artificially sweetened	EE63

48	How often do you give your child the following to drink now that he/she is 18 months old?	13. Fizzy drinks		EE64
49	How often do you give your child the following to drink now that he/she is 18 months old?	14. Diet fizzy drinks		EE65
50	How often do you give your child the following to drink now that he/she is 18 months old?	15. Other		EE66
51	How often do you give your child the following to eat now that he/she is 18 months old? Select the frequency which is most applicable on average.	1. Liver paste sandwich	1) Never 2) Less than once a week 3) 1-3 times a week 4) 4-6 times a week 5) 1-2 times in 24 hours 6) 3 or more times in 24 hours	EE754
52	How often do you give your child the following to eat now that he/she is 18	2. Meat sandwich		EE755
53	How often do you give your child the following to eat now that he/she is 18	3. Fish sandwich (e.g. sardines, mackerel)		EE756
54	How often do you give your child the following to eat now that he/she is 18	4. Cheese sandwich		EE757

55	How often do you give your child the following to eat now that he/she is 18	5. Jam/honey sandwich	EE758
56	How often do you give your child the following to eat now that he/she is 18	6. Sandwich with other filling	EE759
57	How often do you give your child the following to eat now that he/she is 18	7. Baby porridge (instant)	EE760
58	How often do you give your child the following to eat now that he/she is 18	8. Home-made porridge	EE761
59	How often do you give your child the following to eat now that he/she is 18	9. Meat, sausages, meat balls, etc.	EE762
60	How often do you give your child the following to eat now that he/she is 18	10. Fish, fish balls, fish pudding, etc.	EE763
61	How often do you give your child the following to eat now that he/she is 18	11. Pancakes	EE764
62	How often do you give your child the following to eat now that he/she is 18	12. Potatoes	EE765
63	How often do you give your child the following to eat now that he/she is 18	13. Pasta	EE766
64	How often do you give your child the following to eat now that he/she is 18	14. Rice	EE767
65	How often do you give your child the following to eat now that he/she is 18	15. Peas, beans	EE768

66	How often do you give your child the following to eat now that he/she is 18	16. Other cooked vegetables	EE769
67	How often do you give your child the following to eat now that he/she is 18	17. Raw vegetables	EE770
68	How often do you give your child the following to eat now that he/she is 18	18. Fruit	EE771
69	How often do you give your child the following to eat now that he/she is 18	19. Cakes/waffles/biscuits	EE772
70	How often do you give your child the following to eat now that he/she is 18	20. Dessert/ice cream	EE773
71	How often do you give your child the following to eat now that he/she is 18	21. Chocolate	EE774
72	How often do you give your child the following to eat now that he/she is 18	22. Other sweets, jelly beans, other confectionery	EE775
73	Do you give your child a home-made dinner or readymade (processed)	1-Only home-made 2-Mostly home-made3-About half and half of	EE95
74	How often do you give your child organic food/drink?	Sweet milk 1-Never 2-Sometimes 3-Often 4-Amost always	EE97
75	How often do you give your child organic	Butter milk/Yogurt	EE98

77	How often do you give your child organic	Vegetables/fruit		EE99
79	How often do you give your child organic	Porridge/flour/bread		EE100
81	How often do you give your child organic	Meat		EE101
82	How often do you give your child the following to	1. Liver paste sandwich	1) Never/seldom1-3 times a week4-6 times a	EE72
83	How often do you give your child the following to eat now that he/she is 18 months old?	2. Meat sandwich		EE73
84	How often do you give your child the following to eat now that he/she is 18 months old?	3. Fish sandwich (e.g. sardines, mackerel)		EE74
85	How often do you give your child the following to eat now that he/she is 18 months old?	4. Cheese sandwich		EE75
86	How often do you give your child the following to eat now that he/she is 18 months old?	5. Jam/honey sandwich		EE76
87	How often do you give your child the following to eat now that he/she is 18 months old?	6. Sandwich with other filling		EE77
88	How often do you give your child the following to eat now that he/she is 18 months old?	7. Baby porridge (instant)		EE78
89	How often do you give your child the following to	8. Other type of porridge		EE79

	eat now that he/she is 18 months old?		
90	How often do you give your child the following to eat now that he/she is 18 months old?	9. Meat, sausages, meat balls, etc.	EE80
91	How often do you give your child the following to eat now that he/she is 18 months old?	10. Fish, fish balls, fish pudding, etc.	EE81
92	How often do you give your child the following to eat now that he/she is 18 months old?	11. Potatoes	EE82
93	How often do you give your child the following to eat now that he/she is 18 months old?	12. Pasta	EE83
94	How often do you give your child the following to eat now that he/she is 18 months old?	13. Rice	EE84
95	How often do you give your child the following to eat now that he/she is 18 months old?	14. Peas, beans	EE85
96	How often do you give your child the following to eat now that he/she is 18 months old?	15. Other cooked vegetables	EE86
97	How often do you give your child the following to eat now that he/she is 18 months old?	16. Raw vegetables	EE87

98	How often do you give your child the following to eat now that he/she is 18 months old?	17. Fruit	EE88
99	How often do you give your child the following to eat now that he/she is 18 months old?	18. Yogurt/other sour milk products with fruit/berries	EE89
100	How often do you give your child the following to eat now that he/she is 18 months old?	19. Cakes/dessert	EE90
101	How often do you give your child the following to eat now that he/she is 18 months old?	20. Chocolate/sweets	EE91
102	Do you give your child organic food/drinks?	1- NoYesDon't know	EE96
103	Does your child have a reaction to certain foods?	1- NoYesDon't know	EE102
104	If yes, what type of food does your child have a reaction to?	1. Whole milk	EE103
105	If yes, what type of food does your child have a reaction to?	2. Skimmed/low-fat milk	EE104
106	If yes, what type of food does your child have a reaction to?	3. Cream	EE105
107	If yes, what type of food does your child have a reaction to?	4. Yogurt/buttermilk	EE106
108	If yes, what type of food does your child have a reaction to?	5. Ice cream	EE107

109	If yes, what type of food does your child have a reaction to?	6. Cheese	EE108
110	If yes, what type of food does your child have a reaction to?	7. Raw egg (e.g. egg flip)	EE109
111	If yes, what type of food does your child have a reaction to?	8. Boiled or fried egg	EE110
112	If yes, what type of food does your child have a reaction to?	9. Fish/fish products	EE111
113	If yes, what type of food does your child have a reaction to?	10. Additives	EE112
114	If yes, what type of food does your child have a reaction to?	11. Wheat	EE113
115	If yes, what type of food does your child have a reaction to?	12. Nuts	EE114
116	If yes, what type of food does your child have a reaction to?	13. Soya	EE115
117	If yes, what type of food does your child have a reaction to?	14. Fruit, berries	EE116
118	If yes, what type of food does your child have a reaction to?	15. Vegetables/potatoes	EE117
119	If yes, what type of food does your child have a reaction to?	16. Chocolate	EE118
120	If yes, what type of food does your child have a reaction to?	17. Other sweets	EE119

121	If yes, what type of food does your child have a reaction to?	18. Sugar	EE120
122	If yes, what type of food does your child have a reaction to?	19. Other	EE121
123	If yes, what type of food does your child have a reaction to?	Other, specify	EE122 EE702 (txt.)
124	Are there any foods which you specifically avoid giving your child?	1- NoYes	EE123
125	If yes, which foods do you try to avoid and how strict are you with your child's diet?	1. Milk	EE124
126	If yes, which foods do you try to avoid and how strict are you with your child's diet?	2. Eggs	EE125
127	If yes, which foods do you try to avoid and how strict are you with your child's diet?	3. Fish/fish products	EE126
128	If yes, which foods do you try to avoid and how strict are you with your child's diet?	4. Meat/meat products	EE127
129	If yes, which foods do you try to avoid and how strict are you with your child's diet?	5. Wheat	EE128
130	If yes, which foods do you try to avoid and how strict are you with your child's diet?	6. Sugar	EE129

131	If yes, which foods do you try to avoid and how strict are you with your child's diet?	7. Other		EE130	
132	If yes, which foods do you try to avoid and how strict are you with your child's diet?	Other, specify		EE131 EE703 (txt.)	
133	Do you give your child cod liver oil, vitamins, iron or any other dietary supplement?			EE132	
134	If yes, specify which product(s) and how often you give them to your child. How old was your child when you first started giving him/her the product?	How often do you give your child this? How old was your child when you started giving the product?			
135	If yes, specify which product(s) and how often you give them to your child. How old was your child when you first started giving him/her the product?		1- Daily Sometimes months Number 0-99	_months Number 0-99	
136	If yes, specify which product(s) and how often you give them to your child. How old was your child when you first started giving him/her the product?	1.Cod liver oil		EE133	EE134

137	If yes, specify which product(s) and how often you give them to your child. How old was your childwhen you first started giving him/her the product?	2.Biovit	EE135	EE136
138	If yes, specify which product(s) and how often you give them to your child. How old was your childwhen you first started giving him/her the product?	3.Sanasol	EE137	EE138
139	If yes, specify which product(s) and how often you give them to your child. How old was your childwhen you first started giving him/her the product?	4.Nycoplus Multi-Vitamin mixture for children	EE139	EE140
140	If yes, specify which product(s) and how often you give them to your child. How old was your childwhen you first started giving him/her the product?	5.Fluoride tablets	EE141	EE142
141	If yes, specify which product(s) and how often you give them to your child. How old was your childwhen you first started giving him/her the product?	6. Iron supplement	EE143	EE144

142	If yes, specify which product(s) and how often you give them to your child. How old was your child when you first started giving him/her the product?	Iron supplement, specify	EE145 EE704 (txt.)	
143	If yes, specify which product(s) and how often you give them to your child. How old was your child when you first started giving him/her the product?	7. Other dietary supplement	EE146	EE147
144	If yes, specify which product(s) and how often you give them to your child. How old was your child when you first started giving him/her the product?	Other dietary supplement, specify	EE148 EE705 (txt.)	
145	How many times have you been to the mother and child health centre since his/her birth?		2) 1) 0-45-10 times11-15 times16 or more	EE149
146	Do you want your child to be given the vaccinations that are recommended for children in Norway?		1) Yes, all the recommended vaccinationsYes, some vaccinationsNo, no vaccinations	EE150
147	Indicate whether your child has had any vaccinations. If yes, how many times, and indicate if there have been any side	Received the vaccination? If yes, how many times? Side-effect resulting in extra contact with a doctor? Side-effect resulting in		

	effects requiring a doctor or hospital to be contacted.	examination/hospital admission?				
148	Indicate whether your child has had any vaccinations. If yes, how many times, and indicate if there have been any side effects requiring a doctor or hospital to be contacted.	1- NoYes 1-12-23-3 1- NoYes 1- NoYes				
149	Indicate whether your child has had any vaccinations. If yes, how many times, and indicate if there have been any side effects requiring a doctor or hospital to be contacted.	1.DTP(Diphtheria, tetanus, whooping cough)	EE776	EE151	EE152	EE153
150	Indicate whether your child has had any vaccinations. If yes, how many times, and indicate if there have been any side effects requiring a doctor or hospital to be contacted.	2.Hib (Haemophilus influenzae type b)	EE777	EE784	EE785	EE786
151	Indicate whether your child has had any vaccinations. If yes, how many times, and indicate if there have been any side effects requiring a doctor or hospital to be contacted.	3.Polio	EE778	EE956	EE957	EE958

152	Indicate whether your child has had any vaccinations. If yes, how many times, and indicate if there have been any side effects requiring a doctor or hospital to be contacted.	4.MMR(measles, mumps, rubella)	EE779	EE160	EE161	EE162
153	Indicate whether your child has had any vaccinations. If yes, how many times, and indicate if there have been any side effects requiring a doctor or hospital to be contacted.	5.DT (diphtheria, tetanus-sometimes given instead of DTP)	EE780	EE154	EE155	EE156
154	Indicate whether your child has had any vaccinations. If yes, how many times, and indicate if there have been any side effects requiring a doctor or hospital to be contacted.	6.Hepatitis B	EE781	EE163	EE164	EE165
155	Indicate whether your child has had any vaccinations. If yes, how many times, and indicate if there have been any side effects requiring a doctor or hospital to be contacted.	7. BCG (tuberculosis)	EE782	EE166	EE167	EE168
156	Indicate whether your child has had any vaccinations. If yes, how many times, and indicate if there have been any side effects requiring a doctor or hospital to be contacted.	8. Pneumococcus (Prevenar)	EE1008	EE1009	EE1010	EE1011

157	Indicate whether your child has had any vaccinations. If yes, how many times, and indicate if there have been any side effects requiring a doctor or hospital to be contacted.	9. Other vaccination	EE783	EE169	EE170	EE171
158	Indicate whether your child has had any vaccinations. If yes, how many times, and indicate if there have been any side effects requiring a doctor or hospital to be contacted.	Other vaccination, specify	EE172 EE706 (txt.)			
159	Does your child have or has he/she had any of the following health problems? If yes, has your child been referred for a specialist examination?	No Yes, has now Yes, has previously Has your child been referred for a specialist investigation?				
160	Does your child have or has he/she had any of the following health problems? If yes, has your child been referred for a specialist examination?	1- No Yes				
161	Does your child have or has he/she had any of the following health problems? If yes, has your child been referred for a specialist examination?	1. Dislocated hip (hip problem)	EE787	EE788	EE789	EE790
162	Does your child have or has he/she had any of the following health problems? If yes, has your child been	2. Reduced hearing	EE791	EE792	EE793	EE794

referred for a specialist
examination?

163	Does your child have or has he/she had any of the following health problems? If yes, has your child been referred for a specialist examination?	3.Impaired vision	EE795	EE796	EE797	EE798
164	Does your child have or has he/she had any of the following health problems? If yes, has your child been referred for a specialist examination?	4.Delayed motor development (e.g. sits/walks late)	EE799	EE800	EE801	EE802
165	Does your child have or has he/she had any of the following health problems? If yes, has your child been referred for a specialist examination?	5.Too little weight gain	EE803	EE804	EE805	EE806
166	Does your child have or has he/she had any of the following health problems? If yes, has your child been referred for a specialist examination?	6.Too much weight gain	EE807	EE808	EE809	EE810
167	Does your child have or has he/she had any of the following health problems? If yes, has your child been referred for a specialist examination?	7.Abnormal head circumference	EE811	EE812	EE813	EE814

168	Does your child have or has he/she had any of the following health problems? If yes, has your child been referred for a specialist examination?	8.Heart defect	EE815	EE816	EE817	EE818
169	Does your child have or has he/she had any of the following health problems? If yes, has your child been referred for a specialist examination?	9.Testicles not descended into scrotum	EE819	EE820	EE821	EE822
170	Does your child have or has he/she had any of the following health problems? If yes, has your child been referred for a specialist examination?	10.Asthma	EE823	EE824	EE825	EE826
171	Does your child have or has he/she had any of the following health problems? If yes, has your child been referred for a specialist examination?	11.Atopic eczema (childhood eczema)	EE827	EE828	EE829	EE830
172	Does your child have or has he/she had any of the following health problems? If yes, has your child been referred for a specialist examination?	12.Urticaria (hives)	EE831	EE832	EE833	EE834
173	Does your child have or has he/she had any of the following health problems? If yes, has your child been referred for a specialist examination?	13.Food allergy/intolerance	EE835	EE836	EE837	EE838

174	Does your child have or has he/she had any of the following health problems? If yes, has your child been referred for a specialist examination?	14.Delayed or abnormal speech development	EE839	EE840	EE841	EE842
175	Does your child have or has he/she had any of the following health problems? If yes, has your child been referred for a specialist examination?	15.Sleep problems	EE843	EE844	EE845	EE846
176	Does your child have or has he/she had any of the following health problems? If yes, has your child been referred for a specialist examination?	16.Behavioural problems	EE847	EE848	EE849	EE850
177	Does your child have or has he/she had any of the following health problems? If yes, has your child been referred for a specialist examination?	17. Social problems	EE967	EE968	EE969	EE970
178	Does your child have or has he/she had any of the following health problems? If yes, has your child been referred for a specialist examination?	18. (Other) malformations	EE851	EE852	EE853	EE854
179	Does your child have or has he/she had any of the following health problems? If yes, has your child been referred for a specialist examination?	Other malformations, specify	EE207	EE707 (txt.)		

180	Does your child have or has he/she had any of the following health problems? If yes, has your child been referred for a specialist examination?	19. Other	EE856	EE857	EE858	EE859
181	Does your child have or has he/she had any of the following health problems? If yes, has your child been referred for a specialist examination?	Other, specify	EE210 (txt.)	EE708		
182	If a specialist referral was made, what did this examination show?		1) Everything was fine Still some doubts/further investigation needed Has not been for any examination yet	EE211		
183	If a specialist referral was made, what did this examination show?	Diagnosis 1		EE861		
184	If a specialist referral was made, what did this examination show?	Diagnosis 1, describe:		EE212 EE709(txt.)		
185	If a specialist referral was made, what did this examination show?	Diagnosis 2		EE862		
186	If a specialist referral was made, what did this examination show?	Diagnosis 2, describe:		EE863 EE951(txt.)		
187	If a specialist referral was made, what did this examination show?	Diagnosis 3		EE864		
188	If a specialist referral was made, what did this examination show?	Diagnosis 3, describe:		EE865 EE952(txt.)		

189	Has your child been treated with a “cushion” for a hip problem?	1) NoYes	EE213	
190	Has your child been treated with a “cushion” for a hip problem?	If yes, how long?_months	EE214	
191	Does your child have or has he/she had any of the following health problems? If yes, has your childbeen referred for a specialist examination?	1- Has the problem?NoYes Has your child been referred for a specialist investigation? 1-No2-Yes		
192	Does your child have or has he/she had any of the following health problems? If yes, has your childbeen referred for a specialist examination?	1.Hips	EE 179	EE180
193	Does your child have or has he/she had any of the following health problems? If yes, has your childbeen referred for a specialist examination?	2. Hearing	EE181	EE182
194	Does your child have or has he/she had any of the following health problems? If yes, has your childbeen referred for a specialist examination?	3. Sight	EE183	EE184
195	Does your child have or has he/she had any of the following health problems? If yes, has your childbeen referred for a specialist examination?	4. Delayed motor development(e.g. sits/walks late)	EE185	EE186

196	Does your child have or has he/she had any of the following health problems? If yes, has your child been referred for a specialist examination?	5.Too little weight gain	EE187	EE188
197	Does your child have or has he/she had any of the following health problems? If yes, has your child been referred for a specialist examination?	6.Too much weight gain	EE189	EE190
198	Does your child have or has he/she had any of the following health problems? If yes, has your child been referred for a specialist examination?	7.Abnormal head circumference	EE191	EE192
199	Does your child have or has he/she had any of the following health problems? If yes, has your child been referred for a specialist examination?	8.Heart defect	EE193	EE194
200	Does your child have or has he/she had any of the following health problems? If yes, has your child been referred for a specialist examination?	9.Testicles not descended into scrotum	EE195	EE196
201	Does your child have or has he/she had any of the following health problems? If yes, has your child been referred for a specialist examination?	10.Asthma	EE197	EE198

202	Does your child have or has he/she had any of the following health problems? If yes, has your child been referred for a specialist examination?	11. Atopic eczema (childhood eczema)	EE199	EE200
203	Does your child have or has he/she had any of the following health problems? If yes, has your child been referred for a specialist examination?	12. Urticaria (hives)	EE201	EE202
204	Does your child have or has he/she had any of the following health problems? If yes, has your child been referred for a specialist examination?	13. Food allergy/intolerance	EE203	EE204
205	Does your child have or has he/she had any of the following health problems? If yes, has your child been referred for a specialist examination?	14. (Other) malformations	EE205	EE206
206	Does your child have or has he/she had any of the following health problems? If yes, has your child been referred for a specialist examination?	15. Other	EE208	EE209
207	Has your child had any of the following illnesses/health problems between 6 and 11 months and/or 12 and 18 months? Specify how many times	At 6-11 months At 12-18 months Has your child been admitted to hospital?		

and whether your child has
been admitted to hospital
for this health problem.

208	Has your child had any of the following illnesses/health problems between 6 and 11 months and/or 12 and 18 months? Specify how many times and whether your child has been admitted to hospital for this health problem.	1- NoYes Number of times 1- NoYes Number of times 1- NoYes						
209	Has your child had any of the following illnesses/health problems between 6 and 11 months and/or 12 and 18 months? Specify how many times and whether your child has been admitted to hospital for this health problem.	1.Common cold	EE215	EE216	EE217	EE218	EE219	
210	Has your child had any of the following illnesses/health problems between 6 and 11 months and/or 12 and 18 months? Specify how many times and whether your child has been admitted to hospital for this health problem.	2a. Throat infection	EE220	EE221	EE222	EE223	EE224	

211	Has your child had any of the following illnesses/health problems between 6 and 11 months and/or 12 and 18 months? Specify how many times and whether your child has been admitted to hospital for this health problem.	2b.Throat infection with confirmed streptococcal infection	EE971	EE972	EE973	EE974	EE975
212	Has your child had any of the following illnesses/health problems between 6 and 11 months and/or 12 and 18 months? Specify how many times and whether your child has been admitted to hospital for this health problem.	3. Other type of sore throat	EE976	EE977	EE978	EE979	EE980
213	Has your child had any of the following illnesses/health problems between 6 and 11 months and/or 12 and 18 months? Specify how many times and whether your child has been admitted to hospital for this health problem.	4.Ear infection	EE225	EE226	EE227	EE228	EE229
214	Has your child had any of the following illnesses/health problems between 6 and 11 months and/or 12 and 18 months? Specify how many times and whether your child has been admitted to hospital for this health problem.	5.Pseudocroup	EE230	EE231	EE232	EE233	EE234

215	Has your child had any of the following illnesses/health problems between 6 and 11 months and/or 12 and 18 months? Specify how many times and whether your child has been admitted to hospital for this health problem.	6.Bronchitis/RS virus/pneumonia	EE235	EE236	EE237	EE238	EE239
216	Has your child had any of the following illnesses/health problems between 6 and 11 months and/or 12 and 18 months? Specify how many times and whether your child has been admitted to hospital for this health problem.	7.Gastric flu/diarrhoea	EE240	EE241	EE242	EE243	EE244
217	Has your child had any of the following illnesses/health problems between 6 and 11 months and/or 12 and 18 months? Specify how many times and whether your child has been admitted to hospital for this health problem.	8.Urinary tract infection	EE245	EE246	EE247	EE248	EE249
218	Has your child had any of the following illnesses/health problems between 6 and 11 months and/or 12 and 18 months? Specify how many times and whether your child has been admitted to hospital for this health problem.	9.Conjunctivities	EE250	EE251	EE252	EE253	EE254

219	Has your child had any of the following illnesses/health problems between 6 and 11 months and/or 12 and 18 months? Specify how many times and whether your child has been admitted to hospital for this health problem.	10.Febrile convulsions	EE255	EE256	EE257	EE258	EE259
220	Has your child had any of the following illnesses/health problems between 6 and 11 months and/or 12 and 18 months? Specify how many times and whether your child has been admitted to hospital for this health problem.	11.Other convulsions (with any fever)	EE260	EE261	EE262	EE263	EE264
221	Has your child had any of the following illnesses/health problems between 6 and 11 months and/or 12 and 18 months? Specify how many times and whether your child has been admitted to hospital for this health problem.	12. Chickenpox	EE866	EE867	EE868	EE869	EE870
222	Has your child had any of the following illnesses/health problems between 6 and 11 months and/or 12 and 18 months? Specify how many times and whether your child has been admitted to hospital for this health problem.	13.Injury or accident	EE265	EE266	EE267	EE268	EE269

223	Has your child had any of the following illnesses/health problems between 6 and 11 months and/or 12 and 18 months? Specify how many times and whether your child has been admitted to hospital for this health problem.	14.Other	EE270	EE271	EE272	EE273	EE274
224	Has your child had any of the following illnesses/health problems between 6 and 11 months and/or 12 and 18 months? Specify how many times and whether your child has been admitted to hospital for this health problem.	Other, describe	EE275 (txt.)	EE710			
225	Has your child been to see the doctor or to the hospital between 6 and 11 months and/or 12 and 18 months?If yes, specify how many times.	At 6-11 months At 12-18 months					
226	Has your child been to see the doctor or to the hospital between 6 and 11 months and/or 12 and 18 months?If yes, specify how many times.	1- No Yes Number of times 1- No Yes Number of times					
227	Has your child been to see the doctor or to the hospital between 6 and 11 months and/or 12 and 18 months?If yes, specify how many times.	GP (excluding mother and baby health centre)	EE276	EE277	EE278	EE279	

228	Has your child been to see the doctor or to the hospital between 6 and 11 months and/or 12 and 18 months?If yes, specify how many times.	Casualty doctor		EE280	EE281	EE282	EE283
229	Has your child been to see the doctor or to the hospital between 6 and 11 months and/or 12 and 18 months?If yes, specify how many times.	Private specialist		EE284	EE285	EE286	EE287
230	Has your child been to see the doctor or to the hospital between 6 and 11 months and/or 12 and 18 months?If yes, specify how many times.	Hospital outpatient clinic		EE288	EE289	EE290	EE291
231	Has your child been to see the doctor or to the hospital between 6 and 11 months and/or 12 and 18 months?If yes, specify how many times.	Admitted to hospital		EE292	EE293	EE294	EE295
232	Has your child been referred to any of the following services?	Habilitation service	1- NoYes	EE871			
233	Has your child been referred to any of the following services?	Educational psychology service		EE872			
234	Has your child been referred to any of the following services?	Child psychiatric outpatient clinic/department		EE873			
235	If your child has been examined at or admitted to	Hospital name 1:		EE296	EE711		
				(txt.)			

	hospital, give the name of the hospital:								
236	If your child has been examined at or admitted to hospital, give the name of the hospital:	Hospital name 2:		EE297	EE712				
				(txt.)					
237	If your child has been examined at or admitted to hospital, give the name of the hospital:	Hospital name 3:		EE298	EE713				
				(txt.)					
238	Has your child had any of the following symptoms since the age of 6 months? If yes, at what age?	Had symptoms? If yes, at what age?							
239	Has your child had any of the following symptoms since the age of 6 months? If yes, at what age?	6-8 mth 9-11 mth 12-14mth 15 mth or more	1- NoYes						
240	Has your child had any of the following symptoms since the age of 6 months? If yes, at what age?	1.Wheezing/whistling in the chest		EE299	EE300	EE301	EE302	EE303	
241	Has your child had any of the following symptoms since the age of 6 months? If yes, at what age?	2.Tightness in the chest		EE304	EE305	EE306	EE307	EE308	
242	Has your child had any of the following symptoms since the age of 6 months? If yes, at what age?	3.Coughing at night		EE309	EE310	EE311	EE312	EE313	
243	Has your child had any of the following symptoms since the age of 6 months? If yes, at what age?	4.Running nose without a cold		EE314	EE315	EE316	EE317	EE318	

244	Has your child had any of the following symptoms since the age of 6 months? If yes, at what age?	5.Constipation	EE319	EE320	EE321	EE322	EE323
245	Has your child had any of the following symptoms since the age of 6 months? If yes, at what age?	6.Diarrhoea	EE324	EE325	EE326	EE327	EE328
246	Has your child had any of the following symptoms since the age of 6 months? If yes, at what age?	7.Itchy rash that comes and goes	EE329	EE330	EE331	EE332	EE333
247	Has your child ever been tested for allergies?		1- NoYes	EE334			
248	If yes, what allergens were tested for and what was the result?	Test for...? Was the test positive?					
249	If yes, what allergens were tested for and what was the result?		1- NoYesDon't know				
250	If yes, what allergens were tested for and what was the result?	1.Milk	EE335	EE336			
251	If yes, what allergens were tested for and what was the result?	2.Egg	EE337	EE338			
252	If yes, what allergens were tested for and what was the result?	3.Fish	EE339	EE340			
253	If yes, what allergens were tested for and what was the result?	4.Mould	EE341	EE342			
254	If yes, what allergens were tested for and what was the result?	5.Mites	EE343	EE344			

255	If yes, what allergens were tested for and what was the result?	6. Animals		EE345	EE346
256	If yes, what allergens were tested for and what was the result?	7. Pollen		EE347	EE348
257	If yes, what allergens were tested for and what was the result?	8. Other		EE349	EE350
258	If yes, what allergens were tested for and what was the result?	Other, specify		EE351	EE714 (txt.)
259	Have you ever tried any kind of so-called alternative medicine on your child since he/she was 6 months old?	If yes, how many times?	1- NoYes Number 0-99	EE352	EE353
260	If yes, what kind of alternative medicine?	Alternative medicine 1.		EE354	EE715 (txt.)
261	If yes, what kind of alternative medicine?	Alternative medicine 2.		EE355	EE716 (txt.)
262	If yes, what kind of alternative medicine?	Alternative medicine 3.		EE356	EE717 (txt.)
263	If yes, what kind of alternative medicine?	Alternative medicine 4.		EE357	EE718 (txt.)
264	If yes, what kind of alternative medicine?	Alternative medicine 5.		EE358	EE715 (txt.)
265	Has your child received any medication since the age of 6 months?		1- NoYes	EE362	
266	If yes, give the name of the medication and what age your child was when he took it.	Name of medicine How old was your child when you gave the medicine?			

267	If yes, give the name of the medication and what age your child was when he took it.	6-8 month 9-11months 12-14months 15-18 months						
268	If yes, give the name of the medication and what age your child was when he took it.	Medicine 1.	EE363 EE720_K	EE364	EE365	EE366	EE367	
269	If yes, give the name of the medication and what age your child was when he took it.	Medicine 2.	EE368 EE721_K	EE369	EE370	EE371	EE372	
270	If yes, give the name of the medication and what age your child was when he took it.	Medicine 3.	EE373 EE722_K	EE374	EE375	EE376	EE377	
271	If yes, give the name of the medication and what age your child was when he took it.	Medicine 4.	EE378 EE723_K	EE379	EE380	EE381	EE382	
272	If yes, give the name of the medication and what age your child was when he took it.	Medicine 5.	EE981 EE1003_K	EE382	EE383	EE384	EE385	
273	What were your child's length, weight and head circumference when he/she was around 8 months, 1 year and the last time they were measured (15–18 months)?	Date of measurement Length Headcircumferences Weight						
274	What were your child's length, weight and head circumference when he/she was around 8 months, 1 year and the last	Day Month Year __ __cm __ __cm ____g						

time they were measured
(15–18 months)?

275	What were your child's length, weight and head circumference when he/she was around 8 months, 1 year and the last time they were measured (15–18 months)?	Around 8 months	Q5_A6E_8_M	EE387	EE388	EE386
276	What were your child's length, weight and head circumference when he/she was around 8 months, 1 year and the last time they were measured (15–18 months)?	Around 1 year	Q5_A6E_1_Y	EE393	EE394	EE392
277	What were your child's length, weight and head circumference when he/she was around 8 months, 1 year and the last time they were measured (15–18 months)?	15-18 months	Q5_A6E_15_18_M	EE399	N/A	EE398
278	How many months old was your child when he/she took his/he first steps unaided?	__ months		EE400		
279	How many months old was your child when he/she took his/he first steps unaided?	Still not walking unaided		EE401		
280	Can your child walk unaided?		NoYes_ _months	EE986		

281	Can your child walk unaided?	If yes, how old was your child when he/she could first walk unaided?		EE987
282	The following questions concern your child's development. If you haven't actually observed your child, spend a little time looking at what he/she can actually do.	1a. When your child wants something, does he/she tell you by pointing to the object?	1-Yes, often 2-Sometimes 3-Not yet	EE402
283	The following questions concern your child's development. If you haven't actually observed your child, spend a little time looking at what he/she can actually do.	1b. When you ask him/her, does your child go into another room to find a familiar toy or object? (You might ask, "Where is your ball?", or say, "Bring me your coat" or "Go get your blanket").		EE403
284	The following questions concern your child's development. If you haven't actually observed your child, spend a little time looking at what he/she can actually do.	2. Does your child say eight or more words in addition to "mama" and "Dada"?		EE404
285	The following questions concern your child's development. If you haven't actually observed your child, spend a little time looking at what he/she can actually do.	3. Without showing him/her first, does your child point to the correct picture when you say, "Show me the kitty" or ask, "Where is the dog"?		EE405

286	The following questions concern your child's development. If you haven't actually observed your child, spend a little time looking at what he/she can actually do.	4. Does your child move around by walking, rather than by crawling on his/her hands and knees?	EE406
287	The following questions concern your child's development. If you haven't actually observed your child, spend a little time looking at what he/she can actually do.	5. Can your child walk well and seldom fall?	EE407
288	The following questions concern your child's development. If you haven't actually observed your child, spend a little time looking at what he/she can actually do.	6. Does your child walk down stairs if you hold onto one of his/her hands?	EE408
289	The following questions concern your child's development. If you haven't actually observed your child, spend a little time looking at what he/she can actually do.	7. Does your child throw a small ball or toy with a forward arm motion? (If he/she simply drops the ball, enter a cross under "Not yet")	EE409
290	The following questions concern your child's development. If you haven't actually observed your child, spend a little time looking at what he/she can actually do.	8. Does your child stack a small block or toy on top of another one? (For example, small boxes or toys about 3 cm in size)	EE410

291	The following questions concern your child's development. If you haven't actually observed your child, spend a little time looking at what he/she can actually do.	9. Does your child turn the pages of a book by himself/herself? (He/she may turn more than one page at a time.)	EE411
292	The following questions concern your child's development. If you haven't actually observed your child, spend a little time looking at what he/she can actually do.	10. Does your child play with a doll or stuffed animal by hugging it?	EE412
293	The following questions concern your child's development. If you haven't actually observed your child, spend a little time looking at what he/she can actually do.	11. Does your child try to get your attention show you something by pulling your hand or clothes?	EE413
294	The following questions concern your child's development. If you haven't actually observed your child, spend a little time looking at what he/she can actually do.	12. Does your child come to you when he/she needs help, such as with opening a box?	EE414
295	The following questions concern your child's development. If you haven't actually observed your child, spend a little time looking at what he/she can actually do.	13. Does your child copy the activities you do, such as wipe up a spill, sweep, shave, or comb hair?	EE415

296	More about your child's development.	1. Does your child use sounds or words together with gestures (for example, uses sounds when pointing or reaching towards toys or objects)?	1-Yes, usually 2- Rarely3- Not yet	EE874
297	More about your child's development.	2. When you look at a distant object and surprised and excited, say: "WOW...what's that?", does he/she turn his/her head in the same direction as you?		EE875
298	More about your child's development.	3. When you enthusiastically say: "Where is the ball (or other toy)?", will your child point towards the toy, even if it is more than 1 metre away?		EE876
299	More about your child's development.	4. Does your child show you toys by looking at you and holding the toy up towards you (from a distance just so you can look at it)?		EE988
300	To what extent do the following statements apply to your child's behaviour during the last two month?	1. Your child cries easily	1-Very typical 2- Quite typical3- Neither/nor 4- Not so typical5-Not at all typical	EE416
301	To what extent do the following statements apply to your child's behaviour during the last two month?	2. Your child is always on the go		EE417
302	To what extent do the following statements apply to your child's behaviour during the last two month?	3. Your child prefers playing with others rather than alone		EE418

303	To what extent do the following statements apply to your child's behaviour during the last two month?	4. Your child is off and running as soon as he/she wakes up in the morning	EE419
304	To what extent do the following statements apply to your child's behaviour during the last two month?	5. Your child is very sociable	EE420
305	To what extent do the following statements apply to your child's behaviour during the last two month?	6. Your child takes a long time to warm up to strangers	EE421
306	To what extent do the following statements apply to your child's behaviour during the last two month?	7. Your child gets upset or sad easily	EE422
307	To what extent do the following statements apply to your child's behaviour during the last two month?	8. Your child prefers quiet, inactive games to more active ones	EE423
308	To what extent do the following statements apply to your child's behaviour during the last two month?	9. Your child likes to be with people	EE424
309	To what extent do the following statements apply to your child's behaviour during the last two month?	10. Your child reacts intensely when upset	EE425
310	To what extent do the following statements apply to your child's behaviour during the last two month?	11. Your child is very friendly with strangers	EE426
311	To what extent do the following statements apply to your child's behaviour during the last two month?	12. Your child complains that certain garments are too tight	EE877

312	To what extent do the following statements apply to your child's behaviour during the last two month?	13. Your child becomes distressed by having his/her face or hair washed		EE878
313	About your child's behavior. We are asking you about how your child usually is. If something happens seldom (for instance, if you have only seen it once or twice), enter a cross under "No".	ESAT-1. Is your child interested in different sorts of toys or objects, and not for instance mainly in cars or buttons?	1- YesNo	EE886
314	About your child's behavior. We are asking you about how your child usually is. If something happens seldom (for instance, if you have only seen it once or twice), enter a cross under "No".	ESAT-2. Can your child play with toys in varied ways (not just fiddling, mouthing or dropping them)?		EE433
315	About your child's behavior. We are asking you about how your child usually is. If something happens seldom (for instance, if you have only seen it once or twice), enter a cross under "No".	ESAT-3. When your child expresses his/her feelings, for instance by crying or smiling, is that mostly in expected and appropriate moments?		EE887
316	About your child's behavior. We are asking you about how your child usually is. If something happens seldom (for instance, if you have only seen it once or twice), enter a cross under "No".	ESAT-4. Does your child react in a normal way to sensory stimulation, such as coldness, warmth, light, pain or tickling?		EE888

317	About your child's behavior. We are asking you about how your child usually is. If something happens seldom (for instance, if you have only seen it once or twice), enter a cross under "No".	ESAT-5. Can you easily tell from the face of your child how he/she feels?	EE889
318	About your child's behavior. We are asking you about how your child usually is. If something happens seldom (for instance, if you have only seen it once or twice), enter a cross under "No".	ESAT-6. Is it easy to make eye-contact with your child?	EE890
319	About your child's behavior. We are asking you about how your child usually is. If something happens seldom (for instance, if you have only seen it once or twice), enter a cross under "No".	ESAT-7. When your child has been left alone for some time, does he/she try to attract your attention, for instance by crying or calling?	EE891
320	About your child's behavior. We are asking you about how your child usually is. If something happens seldom (for instance, if you have only seen it once or twice), enter a cross under "No".	ESAT-8. Is the behaviour of your child free of stereotyped repetitive movements like banging his/her head or rocking his/her body?	EE892

321	About your child's behavior. We are asking you about how your child usually is. If something happens seldom (for instance, if you have only seen it once or twice), enter a cross under "No".	ESAT-9. Does your child, on his/her own accord, ever bring objects over to you or show you something?	EE893
322	About your child's behavior. We are asking you about how your child usually is. If something happens seldom (for instance, if you have only seen it once or twice), enter a cross under "No".	ESAT-10. Does your child show to be interested in other children or adults?	EE894
323	About your child's behavior. We are asking you about how your child usually is. If something happens seldom (for instance, if you have only seen it once or twice), enter a cross under "No".	ESAT-11. Does your child like to be cuddled?	EE895
324	About your child's behavior. We are asking you about how your child usually is. If something happens seldom (for instance, if you have only seen it once or twice), enter a cross under "No".	ESAT-12. Does your child ever smile at you or at other people?	EE896

325	About your child's behavior. We are asking you about how your child usually is. If something happens seldom (for instance, if you have only seen it once or twice), enter a cross under "No".	ESAT-13. Does your child like playing games with others, such as peek-a-boo, ride on someone's knee, or to be swung?		EE960
326	About your child's behavior. We are asking you about how your child usually is. If something happens seldom (for instance, if you have only seen it once or twice), enter a cross under "No".	ESAT-14. Does your child react when spoken to, for instance, by looking, listening, smiling, speaking or babbling?		EE897
327	About your child's behavior. We are asking you about how your child usually is. If something happens seldom (for instance, if you have only seen it once or twice), enter a cross under "No".	10. Does your child ever try to comfort you if you are sad or hurt?	1- YesNo	EE898
328	About your child's behavior. We are asking you about how your child usually is. If something happens seldom (for instance, if you have only seen it once or twice), enter a cross under "No".	11. Has your child ever had things that he/she seemed to do in a very particular way or order, or rituals that he/she has to have you to do?		EE884

329	About your child's behavior. We are asking you about how your child usually is. If something happens seldom (for instance, if you have only seen it once or twice), enter a cross under "No".	12. Does your child ever do things to get you to laugh?		EE885
330	More about your child's behavior. We are asking you about how your child usually is. If something happens seldom (for instance, if you have only seen it once or twice), enter a cross under "No".	1. Does your child enjoy being swung, bounced on your knee, etc.?	1- YesNo	EE427/EE1005
331	More about your child's behavior. We are asking you about how your child usually is. If something happens seldom (for instance, if you have only seen it once or twice), enter a cross under "No".	2. Does your child take an interest in other children?		EE434
332	More about your child's behavior. We are asking you about how your child usually is. If something happens seldom (for instance, if you have only seen it once or twice), enter a cross under "No".	3. Does your child like climbing on things, such as up stairs?		EE429

333	More about your child's behavior. We are asking you about how your child usually is. If something happens seldom (for instance, if you have only seen it once or twice), enter a crossunder "No".	4. Does your child enjoy playing peek-a-boo/hide-and-seek?	EE430
334	More about your child's behavior. We are asking you about how your child usually is. If something happens seldom (for instance, if you have only seen it once or twice), enter a crossunder "No".	5. Does your child ever pretend, for example, to talk on the phone or take care of dolls, or pretend other things?	EE431
335	More about your child's behavior. We are asking you about how your child usually is. If something happens seldom (for instance, if you have only seen it once or twice), enter a crossunder "No".	6. Does your child ever use his/her index finger to point, to ask for something?	EE998
336	More about your child's behavior. We are asking you about how your child usually is. If something happens seldom (for instance, if you have only seen it once or twice), enter a crossunder "No".	7. Does your child ever use his/her index finger to point, to indicate interest in something?	EE432/997

337	More about your child's behavior. We are asking you about how your child usually is. If something happens seldom (for instance, if you have only seen it once or twice), enter a crossunder "No".	8. Can your child play properly with small toys (e.g. cars or bricks) without just mouthing, fiddling, or dropping them?	EE433
338	More about your child's behavior. We are asking you about how your child usually is. If something happens seldom (for instance, if you have only seen it once or twice), enter a crossunder "No".	9. Does your child ever bring objects over to you to show you something?	EE428
339	More about your child's behavior. We are asking you about how your child usually is. If something happens seldom (for instance, if you have only seen it once or twice), enter a crossunder "No".	10. Does your child look you in the eye for more than a second or two?	EE1006
340	More about your child's behavior. We are asking you about how your child usually is. If something happens seldom (for instance, if you have only seen it once or twice), enter a crossunder "No".	11. Does your child ever seem oversensitive to noise? (e.g., plugging ears)	EE900

341	More about your child's behavior. We are asking you about how your child usually is. If something happens seldom (for instance, if you have only seen it once or twice), enter a crossunder "No".	12. Does your child smile in response to your face or your smile?	EE1000
342	More about your child's behavior. We are asking you about how your child usually is. If something happens seldom (for instance, if you have only seen it once or twice), enter a crossunder "No".	13. Does your child imitate you? (e.g., you make a face-will your child imitate it?)	EE879
343	More about your child's behavior. We are asking you about how your child usually is. If something happens seldom (for instance, if you have only seen it once or twice), enter a crossunder "No".	14. Does your child respond to his/her name when you call?	EE901
344	More about your child's behavior. We are asking you about how your child usually is. If something happens seldom (for instance, if you have only seen it once or twice), enter a crossunder "No".	15. If you point at a toy across the room, does your child look at it?	EE882

345	More about your child's behavior. We are asking you about how your child usually is. If something happens seldom (for instance, if you have only seen it once or twice), enter a crossunder "No".	16. Does your child walk?*	EE986/406
346	More about your child's behavior. We are asking you about how your child usually is. If something happens seldom (for instance, if you have only seen it once or twice), enter a crossunder "No".	17. Does your child look at things you are looking at?	EE1001
347	More about your child's behavior. We are asking you about how your child usually is. If something happens seldom (for instance, if you have only seen it once or twice), enter a crossunder "No".	18. Does your child make unusual finger movements near his/her face?	EE 880
348	More about your child's behavior. We are asking you about how your child usually is. If something happens seldom (for instance, if you have only seen it once or twice), enter a crossunder "No".	19. Does your child try to attract your attention to his/her own activity?	EE881

349	More about your child's behavior. We are asking you about how your child usually is. If something happens seldom (for instance, if you have only seen it once or twice), enter a crossunder "No".	20. Have you ever wondered if your child is deaf?	EE1002
350	More about your child's behavior. We are asking you about how your child usually is. If something happens seldom (for instance, if you have only seen it once or twice), enter a crossunder "No".	21. Does your child understand what people say?	EE899
351	More about your child's behavior. We are asking you about how your child usually is. If something happens seldom (for instance, if you have only seen it once or twice), enter a crossunder "No".	22. Does your child sometimes stare at nothing or wander with no purpose?	EE833
352	More about your child's behavior. We are asking you about how your child usually is. If something happens seldom (for instance, if you have only seen it once or twice), enter a crossunder "No".	23. Does your child look at your face to check your reaction when faced with something unfamiliar?	EE902
353	To what extent are the following statements true of your child's behaviour	1. Can't concentrate, can't pay attention for long	1- Not trueSomewhat or sometimes true 3-Very true or often true EE435

	during the last two months?		
354	To what extent are the following statements true of your child's behaviour during the last two months?	2. Quickly shifts from one activity to another	EE961
355	To what extent are the following statements true of your child's behaviour during the last two months?	3. Can't sit still, restless or overactive	EE903
356	To what extent are the following statements true of your child's behaviour during the last two months?	4. Gets into everything	EE904
357	To what extent are the following statements true of your child's behaviour during the last two months?	5. Is mostly happy and contented	EE905
358	To what extent are the following statements true of your child's behaviour during the last two months?	6. Clings to adults or too dependent	EE438
359	To what extent are the following statements true of your child's behaviour during the last two months?	7. Gets too upset when separated from parents	EE439
360	To what extent are the following statements true of your child's behaviour	8. Gets in many fights	EE962

	during the last two months?		
361	To what extent are the following statements true of your child's behaviour during the last two months?	9. Hits others	EE442
362	To what extent are the following statements true of your child's behaviour during the last two months?	10. Defiant	EE446
363	To what extent are the following statements true of your child's behaviour during the last two months?	11. Doesn't seem to feel guilty after misbehaving	EE447
364	To what extent are the following statements true of your child's behaviour during the last two months?	12. Punishment doesn't change his/her behavior	EE448
365	To what extent are the following statements true of your child's behaviour during the last two months?	13. Doesn't eat well	EE963
366	To what extent are the following statements true of your child's behaviour during the last two months?	14. Likes almost every kind of food	EE964
367	To what extent are the following statements true of your child's behaviour	15. Resists going to bed at night	EE906

	during the last two months?			
368	To what extent are the following statements true of your child's behaviour during the last two months?	16. Doesn't want to sleep alone		EE440
369	To what extent are the following statements true of your child's behaviour during the last two months?	17. Afraid to try new things		EE907
370	To what extent are the following statements true of your child's behaviour during the last two months?	18. Disturbed by any change in routine		EE908
371	To what extent are the following statements true of your child's behaviour during the last two months?	19. Too fearful or anxious		EE909
372	How often does your child usually wake during the night?	1) 3 or more times every night Once or twice every night A few times a week Seldom or never		EE453
373	How many hours in total does your child sleep in 24hrs?	1) 10 hours or less 11-12 hours 13-14 hours 15 hours or more		EE454
374	About your worries	1. Are you worried about your child's physical development?		EE910
375	About your worries	2. Are you worried about your child's behaviour?		EE911

376	About your worries	3. Are you worried because your child is demanding and difficult to cope with?	EE912				
377	About your worries	4a. Have you ever wondered that your child is deaf?	EE913				
378	About your worries	4b. Are you worried because your child is so uninterested in other children?	EE1007				
379	About your worries	5. Have you any other worries with regard to your child's health?	EE914				
380	About your worries	If you have, specify	EE915	EE953			
		(txt.)					
381	Where has your child been cared for during the day? Enter a cross for the various age groups.	At home with his/her mother / father At home with unqualified childminder At home with a childminder/in an family crèche nursery In a nursery					
382	Where has your child been cared for during the day? Enter a cross for the various age groups.	1. 0-6 months	EE466	EE467	EE468	EE469	
383	Where has your child been cared for during the day? Enter a cross for the various age groups.	2. 7-9 months	EE470	EE471	EE472	EE473	
384	Where has your child been cared for during the day? Enter a cross for the various age groups.	3. 10-12 months	EE474	EE475	EE476	EE477	
385	Where has your child been cared for during the day? Enter a cross for the various age groups.	4. 13-15 months	EE478	EE479	EE480	EE481	

386	Where has your child been cared for during the day? Enter a cross for the various age groups.	5. 16-18 months		EE482	EE483	EE484	EE485
387	How many hours a week is your child looked after in the current childcare scheme (other than by his/her mother and father)?	_hours	Number 0-99	EE486			
388	How many children in total are looked after in this childcare scheme (if day-care centre, how many in the department)?		Number 0-99	EE487			
389	Do you and your child live with your child's father?		1- NoYes	EE488			
390	If your child does not live with his/her father, how much time does your child spend with him?		1-At least half the time 2-At least once a week 3-At least once a month 4-Less often than once a month 5-Never	EE489			
391	How many times have you moved house since your child was born?		Number 0-99	EE490			
392	Roughly how many square metres is the living area where you currently live?		Number 0-999	EE491			
393	Do you have heating based on electrical heating cables under the floor in rooms where your child is?		1- NoYes	EE916			
394	If yes, in which rooms?	Living room		EE917			
395	If yes, in which rooms?	kitchen		EE918			
396	If yes, in which rooms?	Child's room		EE919			
397	If yes, in which rooms?	Bedroom		EE920			

398	If yes, in which rooms?	Hall	EE921
399	If yes, in which rooms?	Bathroom	EE922
400	If yes, in which rooms?	Other rooms	EE923
401	Has there been any damage caused by damp, any visible fungal/mould growth or mouldy smell in yourhome during the last year?	No	EE492
402	Has there been any damage caused by damp, any visible fungal/mould growth or mouldy smell in yourhome during the last year?	Yes, damage caused by damp	EE493
403	Has there been any damage caused by damp, any visible fungal/mould growth or mouldy smell in yourhome during the last year?	Yes, visible fungal mould growth	EE494
404	Has there been any damage caused by damp, any visible fungal/mould growth or mouldy smell in yourhome during the last year?	Yes, mouldy smell	EE495
405	What type of drinking water do you have where you live?	Water from a public or private water company	EE496
406	What type of drinking water do you have where you live?	Water from your own water supply (e.g. own well)	EE497

407	What type of drinking water do you have where you live?	Don't know		EE498
408	Do you live close to high-voltage lines?		NoYes, closer than 50 meters 3-Yes, 50-100 meters away4-Yes, but more than 100 meters away	EE499
409	Are there pets where your child live?		1- NoYes	EE500
410	Are there pets where your child lives or at the childminder's?	No		EE947
411	Are there pets where your child lives or at the childminder's?	Yes, at home		EE948
412	Are there pets where your child lives or at the childminder's?	Yes, at the childminder's		EE949
413	If yes, which kind of pets?	1. Dog		EE501
414	If yes, which kind of pets?	2. Cat		EE502
415	If yes, which kind of pets?	3. Guinea pig/rabbit/hamster/rat, etc.		EE503
416	If yes, which kind of pets?	4. Budgie or other type of birds		EE504
417	If yes, which kind of pets?	5. Other type of animals		EE505
418	If yes, which kind of pets?	Other type of animals, specify		EE506 EE724 (txt.)
419	Is your child ever present in a room where someone smokes?		Yes, every dayYes, several times a week 3-Yes, sometimes4-Don't know 5-No	EE507
420	Is your child ever present in a room where someone smokes?	If yes, how many hours a day?	Number 0-99	EE508

421	How many months old was your child when he/she got his/her first tooth?		Number 0-99	EE1012
422	How many months old was your child when he/she got his/her first tooth?	Don't know		EE1013
423	How often does your child have his/her teeth brushed?		1-Twice a day or more 2-Once a day3-Sometimes 4-Never	EE509
424	Do you use fluoride toothpaste when brushing your child's teeth?		1- NoSometimes 3-Yes, usually	EE510
425	How often is your child outside at the moment?		1) SeldomOften, but less than one hour a day on average1-3 hours a day on average 4)More than 3 hours a day	EE959
426	How many hours on average does your child sit in front of a TV/video every day?		1) 4 hours3 hours1-2 hoursLess than 1 hourSeldom/never	EE512
427	Does your child go to or has been to swimming classes for babies?		1- NoYes	EE513
428	Does your child go to or has been to swimming classes for babies?	If yes, how long has your child been going?	_months	EE514
429	Does your child use a dummy/pacifier now at 18 months?		1) Seldom or neverOnly when he/she goes to sleepQuite often 4)Most of the time	EE515
430	What is your civil status at the moment?		MarriedCohabiting 3-Single4-Divorced/separated 5-Widowed6-Other	EE520

431	Are you pregnant at the moment?		1- NoYes	EE521
432	Are you pregnant at the moment?	If yes, how many weeks?		EE522
433	Are you suffering from a long-term illness that has started during the last 12 months?		1- NoYes	EE523
434	Are you suffering from a long-term illness that has started during the last 12 months?	If yes, specify		EE524 EE725 (txt.)
435	Have you yourself been admitted to hospital during the last 12 months?		1- NoYes	EE525
436	Have you yourself been admitted to hospital during the last 12 months?	If yes, which hospital?		EE526 EE726 (txt.)
437	Are you taking at the moment any cod liver oil, vitamins or other dietary supplements?		1- NoYes	EE527
438	Are you taking at the moment any cod liver oil, vitamins or other dietary supplements?	If yes, specify	1	EE528 EE727 (txt.)
439	Are you taking at the moment any cod liver oil, vitamins or other dietary supplements?		2	EE529 EE728 (txt.)
440	Are you taking at the moment any cod liver oil, vitamins or other dietary supplements?		3	EE530 EE729 (txt.)
441	Are you taking at the moment any cod liver oil,		4	EE531 EE730 (txt.)

	vitamins or other dietary supplements?				
442	Have you during the last 6 months or at any time previously:	Last 6 mth Previously	1- YesPerhaps 3-No		
443	Have you during the last 6 months or at any time previously:	Thought yourself that you were too fat?		EE925	EE926
444	Have you during the last 6 months or at any time previously:	Been really afraid of putting on weight or becoming too fat?		EE927	EE928
445	Have you during the last 6 months or at any time previously:	Heard others say that you were too thin, while you yourself thought that you were too fat?		EE929	EE930
446	Have you during the last 6 months or at any time previously:	Thought that it was extremely important for your self-image to maintain a particular weight?		EE931	EE932
447	Have you at some time during the last 18 months or previously in your life - for a period lasting at least 3months – experienced any of the following situations, and if so, how frequently was this?	You lost control while eating, and could not stop before you had eaten far too much?	1) At least twice a week1-4 times a monthSeldom/never	EE933	EE934
448	Have you at some time during the last 18 months or previously in your life - for a period lasting at least 3months – experienced any of the following situations, and if so, how frequently was this?	Used vomiting to control your weight?		EE935	EE936

449	Have you at some time during the last 18 months or previously in your life - for a period lasting at least 3months – experienced any of the following situations, and if so, how frequently was this?	Used laxatives to control your weight?	EE937	EE938
450	Have you at some time during the last 18 months or previously in your life - for a period lasting at least 3months – experienced any of the following situations, and if so, how frequently was this?	Used fasting to control your weight?	EE939	EE940
451	Have you at some time during the last 18 months or previously in your life - for a period lasting at least 3months – experienced any of the following situations, and if so, how frequently was this?	Used hard physical exercise to control you weight?	EE941	EE942
452	Have you at some time during the last 18 months gone at least three months without a period in connection with a time when you have been having eating problems?	1- NoYes	EE943	
453	Have you experienced pain during the last 12 months in any of the following places?	1. Stomach 1-Seldom/never 2-Slight pain3-Some pain 4-Major pain	EE532	

454	Have you experienced pain during the last 12 months in any of the following places?	2. Arms/legs		EE533
455	Have you experienced pain during the last 12 months in any of the following places?	3. Neck/shoulders		EE534
456	Have you experienced pain during the last 12 months in any of the following places?	4. Head		EE535
457	Have you experienced pain during the last 12 months in any of the following places?	5. Back		EE536
458	Have you experienced pain during the last 12 months in any of the following places?	6. Pelvis (pelvic girdle pains)		EE537
459	Have you experienced any pain in your back or pelvis during the last 12 months. Enter a cross to indicate how much pain you have felt in different places:	1. In the small of the back	1- Some painMajor pain	EE538
460	Have you experienced any pain in your back or pelvis during the last 12 months. Enter a cross to indicate how much pain you have felt in different places:	2. One of the pelvic/sacroiliac joints at the back		EE539

461	Have you experienced any pain in your back or pelvis during the last 12 months. Enter a cross to indicate how much pain you have felt in different places:	3. Both pelvic/sacroiliac joints at the back	EE540
462	Have you experienced any pain in your back or pelvis during the last 12 months. Enter a cross to indicate how much pain you have felt in different places:	4. Over the coccygeal bone	EE541
463	Have you experienced any pain in your back or pelvis during the last 12 months. Enter a cross to indicate how much pain you have felt in different places:	5. In the buttocks	EE542
464	Have you experienced any pain in your back or pelvis during the last 12 months. Enter a cross to indicate how much pain you have felt in different places:	6. Over the pubic bone	EE543
465	Have you experienced any pain in your back or pelvis during the last 12 months. Enter a cross to indicate how much pain you have felt in different places:	7. Groin	EE544

466	Have you experienced any pain in your back or pelvis during the last 12 months. Enter a cross to indicate how much pain you have felt in different places:	8. Other back pains		EE545
467	Have you experienced any pain in your back or pelvis during the last 12 months. Enter a cross to indicate how much pain you have felt in different places:	9. Other pains		EE546
468	Currently, do you wake during the night because of pelvic pain?		1- No, never Yes, but seldom 3- Yes, often	EE547
469	Do you have such problems walking at the moment because of pelvic pains that you have to use a stick or crutches?		1- No, never Yes, but not every day- the pain varies from day to day Yes, must use a stick or crutches every day	EE548
470	Did you receive any treatment for pelvic pain after your last birth?		1- No Yes	EE549
471	If yes, what type of treatment did you receive?	Physiotherapy		EE550
472	If yes, what type of treatment did you receive?	Chiropractic		EE551
473	If yes, what type of treatment did you receive?	Medication		EE552
474	If yes, what type of treatment did you receive?	Other		EE553
475	If yes, what type of treatment did you receive?	Other, specify		EE554 EE731 (txt.)

476	Do you have any of the following problems at the moment?	<i>Problems</i>	1) <i>How often do you have problems?</i> Never1-4 times a month1-6 times a weekOnce a dayMore than once a day1- How much at a time?DropsLarge amounts		
477	Do you have any of the following problems at the moment?	Incontinence when coughing, sneezing or laughing		EE555	EE556
478	Do you have any of the following problems at the moment?	Incontinence during physical activity (running/jumping)		EE557	EE558
479	Do you have any of the following problems at the moment?	Incontinence with a strong need to urinate		EE559	EE560
480	Do you have any of the following problems at the moment?	Problems with retaining faeces		EE561	N/A
481	Do you have any of the following problems at the moment?	Problems with flatulence		EE562	
482	Do you experience an escape of urine in connection with coughing, sneezing, laughter or heavy lifts at present?		1-Yes 2-No	EE1021	
483	Do you experience an escape of urine in connection with sudden and strong urinary urgency at present?		1-Yes 2-No	EE1022	

484	How often have you had problem?		Never Less than once a month 3-Once or more a month 4-Once or more a week 5-Every day and/or every night	EE1023	
485	How much urine escapes usually each time at present?		1-Never happens 2-Drops or less 3-Small amounts 4-Large amounts	EE1024	
486	Do you regularly take medication?		1- No Yes	EE563	
487	If yes, give the name of the medicines and how often you take them.	Name of medicine 1- How often do you take them? Every day Every day for certain periods 3-Sometimes			
	If yes, give the name of the medicines and how often you take them.	1		EE564 EE732_K	EE565
	If yes, give the name of the medicines and how often you take them.	2		EE566 EE733_K	EE567
	If yes, give the name of the medicines and how often you take them.	3		EE568 EE734_K	EE569
	If yes, give the name of the medicines and how often you take them.	4		EE570 EE735_K	EE571
	If yes, give the name of the medicines and how often you take them.				
493	How much leave did you and the child's father take after the birth?	Months <i>or</i>	Weeks		
494	How much leave did you and the child's father take after the birth?	You		EE572	EE573

495	How much leave did you and the child's father take after the birth?	Child's father	EE574	EE575
496	Are you in paid employment?	1- NoYes	EE576	
497	If so, how many hours do your work a week?	Number 0-999	EE577	
498	If you are in paid employment, have you taken any time off sick since you went back to work? If yes, specify how many days you were off sick.	Sick leave? No. of days		
499	If you are in paid employment, have you taken any time off sick since you went back to work? If yes, specify how many days you were off sick.	No	EE578	n/a
500	If you are in paid employment, have you taken any time off sick since you went back to work? If yes, specify how many days you were off sick.	Yes, due to own illness	EE579	EE580
501	If you are in paid employment, have you taken any time off sick since you went back to work? If yes, specify how many days you were off sick.	Yes, due to child being ill	EE581	EE582

502	Would your current financial situation allow you to cope with an unexpected bill of NOK 3,000 for a dental visit or a repair, for instance?		1- NoYesDon't know	EE583
503	Have you found it difficult sometimes during the last six months to cope with running expensesfor food, transport, rent, etc.?		NeverYes, but infrequently 3-Yes, sometimes4-Yes, often	EE584
504	How often at the moment are you so physically active in your spare time and/or at work that you get out of breath or sweat?	Spare time	1) Never	EE585
505	How often at the moment are you so physically active in your spare time and/or		2) Less than once a week	
506	How often at the moment are you so physically active in your spare time and/or		3) Once a week	
507	How often at the moment are you so physically active in your spare time and/or		4) Twice a week3-4 times or more a week	
508	How often at the moment are you so physically active in your spare time and/or	At work		EE586
509	How often at the moment are you so physically active in your spare time and/or		6) 5 times a week or more	

510	How often are you physically active at present?	1. Walking	1) Never 2) 1-3 times a month 3) Once a week 4) Twice a week 5) 3 times or more a	EE590	
511	How often are you	2. Brisk walking		EE591	
512	How often are you	3.		EE592	
513	How often are you	4. Cycling		EE593	
514	How often are you				
515	How often are you	5. Training studio/weight		EE594	
516	How often are you				
517	How often are you physically active at	6. Aerobics/gymnastics/dance without running and jumping		EE595	
518	How often are you				
519	How often are you	7. Aerobics/gymnastics with		EE596	
520	How often are you				
521	How often are you	8. Dancing (swing/rock/folk)		EE597	
522	How often are you	9. Skiing		EE598	
523	How often are you	10. Ball sports		EE599	
524	How often are you	11. Swimming		EE600	
525	How often are you	12. Riding		EE601	
526	How often are you	13. Other		EE602	
527	How much leave did you and the child's father take after the birth?	If very day, number of cigarettes per day	1- Don't smoke Smoke sometimes 3-Smoke every day Number 0-99		Your partner/husband
528	How much leave did you and the child's father take after the birth?			EE603	EE605
529	How much leave did you and the child's father take after the birth?			EE604	EE606

530	How often do you consume alcohol at the moment?		5- Roughly 6-7 times a week Roughly 4-5 times a week Roughly 2-3 times a week 4- Roughly once a week Roughly 1-3 times a month Less often than once a month 7- Never	EE607
531	How many units do you usually drink when you consume alcohol? (Enter a cross for both weekends and weekdays).	Weekend	1) 10 or more 2) 7-93) 5-64) 3-45) 1-26) Less than 1	EE608
532	How many units do you usually drink when you consume alcohol? (Enter a cross for both weekends and weekdays).	Weekdays		EE609
533	If you have a husband/boyfriend/partner, to what extent do you agree with the following descriptions?	1. I have a close relationship with my spouse/partner	1- Agree completely 2- Agree somewhat Disagree somewhat 5- Disagree 6- Disagree completely	EE610
534	If you have a husband/boyfriend/partner, to what extent do you agree with the following descriptions?	2. My partner and I have problems in our relationship		EE611
535	If you have a husband/boyfriend/partner, to what extent do you agree with the following descriptions?	3. I am very happy with our relationship		EE612
536	If you have a husband/boyfriend/partner, to what extent do you	4. My partner is generally understanding		EE613

	agree with the following descriptions?		
537	If you have a husband/boyfriend/partner, to what extent do you agree with the following descriptions?	5. I often consider ending our relationship	EE614
538	If you have a husband/boyfriend/partner, to what extent do you agree with the following descriptions?	6. I am satisfied with my relationship with my partner	EE615
539	If you have a husband/boyfriend/partner, to what extent do you agree with the following descriptions?	7. We frequently disagree on important decisions	EE616
540	If you have a husband/boyfriend/partner, to what extent do you agree with the following descriptions?	8. I have been lucky in my choice of a partner	EE617
541	If you have a husband/boyfriend/partner, to what extent do you agree with the following descriptions?	9. We agree on how our child should be raised	EE618
542	If you have a husband/boyfriend/partner, to what extent do you agree with the following descriptions?	10. I believe my partner is satisfied with our relationship	EE619
543	Do you have anyone other than your husband/partner you can ask for advice in a difficult situation?	1-NoYes, 1 or 2 peopleYes, more than 2 people	EE620

544	How often do you meet or talk on the telephone with your family (other than your husband/partner and children) or close friends?		1) Once a month or less 2-8 times a month More than twice a week	EE621
545	Do you often feel lonely?		1-Almost never 2-Infrequently 3-Sometimes 4-Usually 5-Almost always	EE622
546	How well do these statements describe you?	1. I can always manage to solve difficult problems if I try hard enough	1-Not at all true 2-Hardly true 3-Moderately true 4-Exactly true	EE623
547	How well do these statements describe you?	2. If someone opposes me, I can find the means and ways to get what I want		EE624
548	How well do these statements describe you?	3. I am confident that I could deal efficiently with unexpected events		EE625
549	How well do these statements describe you?	4. I can remain calm when facing difficulties because I can rely on my coping abilities		EE626
550	How well do these statements describe you?	5. If I am in trouble, I can think of a good solution		EE627
551	In your daily life, how often do you experience the following?	1. Feel glad about something	1-Rarely or never 2-Hardly ever 3-Sometimes 4-Often 5-Very often	EE628
552	In your daily life, how often do you experience the following?	2. Feel happy		EE629
553	In your daily life, how often do you experience the following?	3. Feel joyful, like everything is going your way, everything is rosy		EE630

554	In your daily life, how often do you experience the following?	4. Feel like screaming at somebody or banging on something		EE631
555	In your daily life, how often do you experience the following?	5. Feel angry, irritated, annoyed		EE632
556	In your daily life, how often do you experience the following?	6. Feel mad at somebody		EE633
557	How do you feel about yourself?	1. I have a positive attitude toward myself	3- 1-Agree completely 2- AgreeDisagreeDisagree completely	EE634
558	How do you feel about yourself?	2. I feel completely useless at times		EE635
559	How do you feel about yourself?	3. I feel that I do not have much to be proud about		EE636
560	How do you feel about yourself?	4. I feel that I am a valuable person, as good as anyone else		EE637
561	Have you been bothered by any of the following during the last two weeks?	1. Feeling fearful	1-Not bothered2-A little bothered 3-Quite bothered 4-Very bothered	EE638
562	Have you been bothered by any of the following during the last two weeks?	2. Nervousness or shakiness inside		EE639
563	Have you been bothered by any of the following during the last two weeks?	3. Feeling hopeless about the future		EE640
564	Have you been bothered by any of the following during the last two weeks?	4. Feeling blue		EE641
565	Have you been bothered by any of the following during the last two weeks?	5. Worrying too much about things		EE642

566	Have you been bothered by any of the following during the last two weeks?	6. Feeling everything is an effort	EE643	
567	Have you been bothered by any of the following during the last two weeks?	7. Feeling tense or keyed up	EE644	
568	Have you been bothered by any of the following during the last two weeks?	8. Suddenly scared for no reason	EE645	
569	Have you experienced any of the following situations since the previous questionnaire? If yes, how painful or difficult was this for you?	1- NoYes 1- If yes:Not too badPainful/difficultVery painful/difficult		
	Have you experienced any of the following situations since the previous questionnaire? If yes, how painful or difficult was this for you?	1. Have you had problems at work or where you study?	EE649	EE650
	Have you experienced any of the following situations since the previous questionnaire? If yes, how painful or difficult was this for you?	2. Have you had financial problems?	EE651	EE652
	Have you experienced any of the following situations since the previous questionnaire? If yes, how painful or difficult was this for you?	3. Have you been divorced, separated or ended the relationship with your partner?	EE653	EE654

Have you experienced any of the following situations since the previous questionnaire? If yes, how painful or difficult was this for you?	4. Have you had any problems or conflicts with your family, friends or neighbors?	EE655	EE656
Have you experienced any of the following situations since the previous questionnaire? If yes, how painful or difficult was this for you?	5. Have you been seriously worried that there is something wrong with your child?	EE657	EE658
Have you experienced any of the following situations since the previous questionnaire? If yes, how painful or difficult was this for you?	6. Have you been seriously ill or injured?	EE659	EE660
Have you experienced any of the following situations since the previous questionnaire? If yes, how painful or difficult was this for you?	7. Has anyone close to you been seriously ill or injured?	EE661	EE662
Have you experienced any of the following situations since the previous questionnaire? If yes, how painful or difficult was this for you?	8. Have you been involved in a serious traffic accident, house fire or robbery?	EE663	EE664
Have you experienced any of the following situations since the previous questionnaire? If yes, how painful or difficult was this for you?	9. Have you lost someone close to you?	EE665	EE666

	Have you experienced any of the following situations since the previous questionnaire? If yes, how painful or difficult was this for you?	10. Have you been pressurized into having sexual intercourse?	EE667	EE668
	Have you experienced any of the following situations since the previous questionnaire? If yes, how painful or difficult was this for you?	11. Other	EE669	EE670
	How would you rate your quality of life?	1-Very poor 2-Poor3-Neither poor nor good 4-Good5-Very good	EE671	
582	How satisfied are you with your health?	1-Very dissatisfied 2-Dissatisfied3-Neither satisfied nor dissatisfied 4-Satisfied5-Very satisfied	EE672	
583	The following questions ask about how much you have experienced certain things in the last two weeks.	1. To what extent do you feel that (physical) pain prevents you from doing what you need to do? 1-Not at all 2-A little3-A moderate amount 4-Very much5-Totally/extremely	EE673	
584	The following questions ask about how much you have experienced certain things in the last two weeks.	2. How much do you need medical treatment to be able to function in your daily life?	EE674	
585	The following questions ask about how much you have experienced certain things in the last two weeks.	3. How much do you enjoy life?	EE675	

586	The following questions ask about how much you have experienced certain things in the last two weeks.	4. To what extent do you feel your life to be meaningful?		EE676
587	The following questions ask about how much you have experienced certain things in the last two weeks.	5. How well are you able to concentrate?		EE677
588	The following questions ask about how much you have experienced certain things in the last two weeks.	6. How safe do you feel in your daily life?		EE678
589	The following questions ask about how much you have experienced certain things in the last two weeks.	7. How healthy is your physical environment?		EE679
590	The following questions ask about how completely you experience or were able to do certain things in the last two weeks.	1. Do you have enough energy for everyday life?	1-Not at all 2-A little3-Moderately 4-Mostly5-Completely	EE680
591	The following questions ask about how completely you experience or were able to do certain things in the last two weeks.	2. Are you able to accept your bodily appearance?		EE681
592	The following questions ask about how completely you experience or were able to do certain things in the last two weeks.	3. Have you enough money to meet your needs?		EE682

593	The following questions ask about how completely you experience or were able to do certain things in the last two weeks.	4. How available to you is the information that you need in your day-to-day life?	EE683
594	The following questions ask about how completely you experience or were able to do certain things in the last two weeks.	5. To what extent do you have the opportunity for leisure activities?	EE684
595	How well are you able to get around?	1-Very badly 2-Badly3-Neither well nor bad 4-Well5-Very well	EE685
596	The following questions ask you to say how good or satisfied you have felt about various aspects of your life over the last two weeks.	1. How satisfied are you with your sleep? 1-Very dissatisfied 2-Dissatisfied3-Neither satisfied nor dissatisfied 4-Satisfied5-Very satisfied	EE686
597	The following questions ask you to say how good or satisfied you have felt about various aspects of your life over the last two weeks.	2. How satisfied are you with your ability to perform your daily living activities?	EE687
598	The following questions ask you to say how good or satisfied you have felt about various aspects of your life over the last two weeks.	3. How satisfied are you with your capacity for work?	EE688
599	The following questions ask you to say how good or satisfied you have felt about various aspects of	4. How satisfied are you with yourself?	EE689

yourlife over the last two weeks.

600	The following questions ask you to say how good or satisfied you have felt about various aspects of yourlife over the last two weeks.	5. How satisfied are you with your personal relationships?	EE690
601	The following questions ask you to say how good or satisfied you have felt about various aspects of yourlife over the last two weeks.	6. How satisfied are you with your sex life?	EE691
602	The following questions ask you to say how good or satisfied you have felt about various aspects of yourlife over the last two weeks.	7. How satisfied are you with the support you get from your friends?	EE692
603	The following questions ask you to say how good or satisfied you have felt about various aspects of yourlife over the last two weeks.	8. How satisfied are you with the conditions of your living place?	EE693
604	The following questions ask you to say how good or satisfied you have felt about various aspects of yourlife over the last two weeks.	9. How satisfied are you with your access to health services?	EE694

605	The following questions ask you to say how good or satisfied you have felt about various aspects of your life over the last two weeks.	10. How satisfied are you with your transport?	EE695
606	How often do you have negative feelings, such as blue mood, despair, anxiety, depression?	1-Never 2-Seldom3-Quite often	EE696
607	How often do you have negative feelings, such as blue mood, despair, anxiety, depression?		
608	How often do you have negative feelings, such as blue mood, despair, anxiety, depression?		
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