

<b>Is your child a boy or girl?</b>		Boy;                      Girl	DD12
<b>How big was your child when he/she was born?</b>	Birth weight	Number 0-99	DD13
How big was your child when he/she was born?	Length		DD14
<b>In which week of your pregnancy did you give birth?</b>	Week:	Number 0-99	DD15
<b>How long was your child in hospital after the birth?</b>	Number of days	Number 0-99	DD16
How long was your child in hospital after the birth?	Or weeks		DD17
<b>Was your child transferred to another department or hospital after the birth?</b>		No;Yes;If yes, specify_	DD18
Was your child transferred to another department or hospital after the birth?			DD19 DD848(txt.)
<b>Was your child delivered by caesarean section?</b>		1- No;Yes	DD20
<b>If yes, was the caesarean section planned?</b>		1- No;Yes	;DD21
If yes, was the caesarean section planned?	If yes, why?	Breech presentation	DD22
If yes, was the caesarean section planned?		Previous caesarean	DD23
If yes, was the caesarean section planned?		Pregnancy complication or mother taken ill	DD24
If yes, was the caesarean section planned?		Poor growth or other factor relating to the foetus	DD25
If yes, was the caesarean section planned?		Own preferences	DD26
If yes, was the caesarean section planned?		Other	DD27
<b>Were there any complications during the birth?</b>		No;Yes;	DD28
Were there any complications during the birth?		If yes, describe	DD29 DD849(txt.)
<b>Were you admitted or transferred to another department or other hospital due to complications in connection;with the birth? <i>(Applies both before and after the birth)</i></b>		No;Yes;If yes, describe:_	DD28
Were you admitted or transferred to another department or other hospital due to complications in connection;with the birth? <i>(Applies both before and after the birth)</i>			DD29 DD849(txt.)
<b>If yes, where?</b>		Department: _	DD31 DD850(txt.)
If yes, where?		Hospital: _	DD32 DD851(txt.)
<b>How many days were you in hospital in connection with the birth?</b>	Before the birth	Number of days	DD33
How many days were you in hospital in connection with the birth?	After the birth		DD34
<b>Did the birth go as you expected?</b>		1-Yes, as expected 2-No, it went better 3-Neither/nor;4-No, it was worse 5-Don't know	;DD35

<b>How true do you think the following descriptions are of the birth?</b>	I felt safe and in good hands		DD36
How true do you think the following descriptions are of the birth?	I was in a lot of pain		DD37
How true do you think the following descriptions are of the birth?	I received too few pain-killing drugs		DD38
<b>Was anyone from your close family present at the birth?</b>		Yes, child's father	DD39
Was anyone from your close family present at the birth?		Yes, someone else	DD40
Was anyone from your close family present at the birth?		No	DD41
<b>What did you give your child to drink during the first week of life?</b>	Breast milk		DD42
What did you give your child to drink during the first week of life?	Water		DD43
What did you give your child to drink during the first week of life?	Sugar water		DD44
What did you give your child to drink during the first week of life?	Formula		DD45
What did you give your child to drink during the first week of life?	Other		DD46
What did you give your child to drink during the first week of life?	Other, specify_		DD47 DD852(txt.)
What did you give your child to drink during the first week of life?	Don't know/remember		DD48
<b>What has your child been given to drink during the first 6 months of his/her life?</b>	1. Breast milk	0;1;2;3;4;5;6	DD49;DD50;DD51;DD52;DD53;DD54;DD55
What has your child been given to drink during the first 6 months of his/her life?	2. Standard collett formula		DD56;DD57;DD58;DD59;DD60;DD61;DD62
What has your child been given to drink during the first 6 months of his/her life?	3. Collett formula with Omega 3		DD63;DD64;DD65;DD66;DD67;DD68;DD69
What has your child been given to drink during the first 6 months of his/her life?	4. Standard NAN formula		DD70;DD71;DD72;DD73;DD74;DD75;DD76
What has your child been given to drink during the first 6 months of his/her life?	5. Nan HA1 formula		DD77;DD78;DD79;DD80;DD81;DD82;DD83
What has your child been given to drink during the first 6 months of his/her life?	6. Other milk		DD84;DD85;DD86;DD87;DD88;DD89;DD90
What has your child been given to drink during the first 6 months of his/her life?	7. Other milk, describe		DD91 DD853(txt.)
What has your child been given to drink during the first 6 months of his/her life?	8. Water		DD1079;DD1080;DD1081;DD1082;DD1083;DD1084;DD1085
What has your child been given to drink during the first 6 months of his/her life?	9. Squash/Juice		DD1086;DD1087;DD1088;DD1089;DD1090;DD1091;DD1092
<b>How often do you give your child the following to drink at the moment?</b>	1.Breast milk	Never/seldom; 1-3 times a week; 4-6 times a week; At least once a day	DD92
How often do you give your child the following to drink at the moment?	2.Breast milk supplement		DD93
How often do you give your child the following to drink at the moment?	3.Normal sweet milk, any type		DD94
How often do you give your child the following to drink at the moment?	4.Sour milk (yogurt, buttermilk, etc.)		DD95
How often do you give your child the following to drink at the moment?	5.Organic milk products (milk, yogurt)		DD96

How often do you give your child the following to drink at the moment?	6.Boiled water	;	DD97
How often do you give your child the following to drink at the moment?	7.Tap water		DD101
How often do you give your child the following to drink at the moment?	8.Bottled water		DD102
How often do you give your child the following to drink at the moment?	9.Bottled baby cordial		DD103
How often do you give your child the following to drink at the moment?	10.Other type of cordial, sweetened		DD104
How often do you give your child the following to drink at the moment?	11.Cordial, artificially sweetened		DD105
How often do you give your child the following to drink at the moment?	12.Juice		DD106
How often do you give your child the following to drink at the moment?	13.Other		DD107
How often do you give your child the following to drink at the moment?	14.Other, specify		DD108
How often do you give your child the following to drink at the moment?			DD854 (txt.)
How often do you give your child the following to drink at the moment?		<i>How often do you give this to your child?</i>	<i>How old was your child when;you gave him/her this food for the first time?</i>
How often do you give your child the following to drink at the moment?		1) Never/seldom;1-3 times a week;4-6 times a week;At least once a day	::_months
<b>How often does your child eat the following food at the moment, and how old was your child when you started giving him/her this food?</b>	1.Rice porridge, maize porridge		DD109;DD110
How often does your child eat the following food at the moment, and how old was your child when you started giving him/her this food?	2.Oatmeal porridge, different types		DD111;DD112
How often does your child eat the following food at the moment, and how old was your child when you started giving him/her this food?	3.Wheat porridge, all types, rusk porridge		DD113;DD114
How often does your child eat the following food at the moment, and how old was your child when you started giving him/her this food?	4.Wheat flour(rough/fine), rusk, semolina, oats		DD115;DD116
How often does your child eat the following food at the moment, and how old was your child when you started giving him/her this food?	5.Iron-enriched wheat flour		DD117;DD118
How often does your child eat the following food at the moment, and how old was your child when you started giving him/her this food?	6.Helios baby flour		DD119;DD120
How often does your child eat the following food at the moment, and how old was your child when you started giving him/her this food?	7.Millet		DD121;DD122
How often does your child eat the following food at the moment, and how old was your child when you started giving him/her this food?	8. Vegetables		DD123;DD124
How often does your child eat the following food at the moment, and how old was your child when you started giving him/her this food?	9. Vegetables and meat		DD125;DD126
How often does your child eat the following food at the moment, and how old was your child when you started giving him/her this food?	10. Potato/vegetable puree		DD127;DD128
How often does your child eat the following food at the moment, and how old was your child when you started giving him/her this food?	11. Meat and vegetables/potatoes		DD129;DD130
How often does your child eat the following food at the moment, and how old was your child when you started giving him/her this food?	12. Fish and vegetables/potatoes		DD131;DD132
How often does your child eat the following food at the moment, and how old was your child when you started giving him/her this food?	13. Other type of home-made dinner		DD133;DD134
<b>Do you think or do you know that your child has a reaction to milk/dairy products?</b>		1- No;Yes	DD144
<b>If yes, which products?</b>	Whole milk		DD145

If yes, which products?	Low-fat milk/skimmed milk		DD146
If yes, which products?	Cream/whipped cream/ice cream		DD147
If yes, which products?	Yogurt/sour milk		DD148
If yes, which products?	Breast milk when mother is drinking milk		DD149
If yes, which products?	Other		DD150
<b>Do you give your child cod liver oil, vitamins, iron or any other dietary supplement?</b>			DD151
<b>If you give your child cod liver oil, vitamins, iron or another dietary supplement, specify how much you give your child each time and how often. How old was your child in months and weeks when you gave him/her the product;for the first time?</b>	1.Cod liver oil	<i>How many teaspoons each time?;How often do you give your child this?;How old was your child when you started giving the product?</i>	DD152;DD153;DD154;DD155
If you give your child cod liver oil, vitamins, iron or another dietary supplement, specify how much you give your child each time and how often. How old was your child in months and weeks when you gave him/her the product;for the first time?	2.Biovit	<i>How many teaspoons each time?;How often do you give your child this?;How old was your child when you started giving the product?</i>	DD156;DD157;DD158;DD159
If you give your child cod liver oil, vitamins, iron or another dietary supplement, specify how much you give your child each time and how often. How old was your child in months and weeks when you gave him/her the product;for the first time?	3.Sanasol	<i>How many teaspoons each time?;How often do you give your child this?;How old was your child when you started giving the product?</i>	DD160;DD161;DD162;DD163
If you give your child cod liver oil, vitamins, iron or another dietary supplement, specify how much you give your child each time and how often. How old was your child in months and weeks when you gave him/her the product;for the first time?	4.Nycoplus Multi-Vitamin mixture for children	<i>How many teaspoons each time?;How often do you give your child this?;How old was your child when you started giving the product?</i>	DD164;DD165;DD166;DD167
If you give your child cod liver oil, vitamins, iron or another dietary supplement, specify how much you give your child each time and how often. How old was your child in months and weeks when you gave him/her the product;for the first time?	5.Fluoride	<i>How many teaspoons each time?;How often do you give your child this?;How old was your child when you started giving the product?</i>	DD168;DD169;DD170
If you give your child cod liver oil, vitamins, iron or another dietary supplement, specify how much you give your child each time and how often. How old was your child in months and weeks when you gave him/her the product;for the first time?	6. Iron supplement	<i>How many teaspoons each time?;How often do you give your child this?;How old was your child when you started giving the product?</i>	DD171;DD172;DD173
If you give your child cod liver oil, vitamins, iron or another dietary supplement, specify how much you give your child each time and how often. How old was your child in months and weeks when you gave him/her the product;for the first time?	Iron supplement, specify_	<i>How many teaspoons each time?;How often do you give your child this?;How old was your child when you started giving the product?</i>	DD174 DD856(txt.)
If you give your child cod liver oil, vitamins, iron or another dietary supplement, specify how much you give your child each time and how often. How old was your child in months and weeks when you gave him/her the product;for the first time?	7. Other dietary supplement	<i>How many teaspoons each time?;How often do you give your child this?;How old was your child when you started giving the product?</i>	DD175;DD176;DD177
If you give your child cod liver oil, vitamins, iron or another dietary supplement, specify how much you give your child each time and how often. How old was your child in months and weeks when you gave him/her the product;for the first time?	Other dietary supplement, specify	<i>How many teaspoons each time?;How often do you give your child this?;How old was your child when you started giving the product?</i>	DD178 DD857(txt.)
<b>How many times have you been to the mother and child health centre with your child?</b>		1) Never;1-2 times;3-5 times;6-10 times;More than 10 times	;DD179
<b>Has your child been given the vaccinations recommended by the health centre?</b>		1) Yes;No, don't want vaccination;The child has been often ill;No, vaccination postponed for practical reasons;Don't know	;DD180

<b>Referring to your child's health card, enter a cross for the vaccinations which your child has received and;whether the vaccinations had any side-effect.</b>	1.DTP(infanrix)	<i>Has your child;received the vaccination?</i>	DD186;DD187
Referring to your child's health card, enter a cross for the vaccinations which your child has received and;whether the vaccinations had any side-effect.	2.DT (diphtheria/tetanus)	<i>Was there any;side-effect after the vaccination?</i>	DD190;DD191
Referring to your child's health card, enter a cross for the vaccinations which your child has received and;whether the vaccinations had any side-effect.	3.Polio-Hib(Act-Hib polio)	<i>Has your child;received the vaccination?</i>	DD194;DD195
Referring to your child's health card, enter a cross for the vaccinations which your child has received and;whether the vaccinations had any side-effect.	4.Hepatitis B (Engerix-B)	<i>Was there any;side-effect after the vaccination?</i>	DD198;DD199
Referring to your child's health card, enter a cross for the vaccinations which your child has received and;whether the vaccinations had any side-effect.	5.BCG (tuberculosis)	<i>Has your child;received the vaccination?</i>	DD202;DD203
Referring to your child's health card, enter a cross for the vaccinations which your child has received and;whether the vaccinations had any side-effect.	6.Pneumococcus (Prevenar)	<i>Was there any;side-effect after the vaccination?</i>	DD1105;DD1106
Referring to your child's health card, enter a cross for the vaccinations which your child has received and;whether the vaccinations had any side-effect.	7. Other vaccination	<i>Has your child;received the vaccination?</i>	DD206;DD207
Referring to your child's health card, enter a cross for the vaccinations which your child has received and;whether the vaccinations had any side-effect.	Other vaccination, specify		
<b>Referring to your child's health card, enter below your child's weight, length and head circumference when;he/she was around 6 weeks, 3 months and 6 months.</b>	Approx.. 6 weeks	<i>Date of examination;Length;Head circumference;Weight</i>	ALDER6UK_SJEKK;DD213;D D214;DD212
Referring to your child's health card, enter below your child's weight, length and head circumference when;he/she was around 6 weeks, 3 months and 6 months.	Approx. 3 months		ALDER6UK_SJEKK;DD219;D D220;DD218
Referring to your child's health card, enter below your child's weight, length and head circumference when;he/she was around 6 weeks, 3 months and 6 months.	5-6 months		ALDER6UK_SJEKK;DD225;D D226;DD224
Referring to your child's health card, enter below your child's weight, length and head circumference when;he/she was around 6 weeks, 3 months and 6 months.	;;;;;In versions B, F, G, H		<i>Has (had) problem?;Been referred for a;specialist investigation?</i>
<b>Does your child have or has he/she had any of the following health problems? If yes, has the mother and child health centre or someone else referred your child for further specialist investigation?</b>	1.Hip disorder/dislocated hip		DD227;DD228
Does your child have or has he/she had any of the following health problems? If yes, has the mother and child health centre or someone else referred your child for further specialist investigation?	2.Impaired hearing		DD229;DD230
Does your child have or has he/she had any of the following health problems? If yes, has the mother and child health centre or someone else referred your child for further specialist investigation?	3.Impaired vision		DD231;DD232
Does your child have or has he/she had any of the following health problems? If yes, has the mother and child health centre or someone else referred your child for further specialist investigation?	4.Delayed motor development (movement development)		DD233;DD234
Does your child have or has he/she had any of the following health problems? If yes, has the mother and child health centre or someone else referred your child for further specialist investigation?	5.Too little weight gain		DD235;DD236
Does your child have or has he/she had any of the following health problems? If yes, has the mother and child health centre or someone else referred your child for further specialist investigation?	6.Too much weight gain		DD237;DD238
Does your child have or has he/she had any of the following health problems? If yes, has the mother and child health centre or someone else referred your child for further specialist investigation?	7.Abnormal head circumference		DD239;DD240
Does your child have or has he/she had any of the following health problems? If yes, has the mother and child health centre or someone else referred your child for further specialist investigation?	8.Heart defect		DD241;DD242

Does your child have or has he/she had any of the following health problems? If yes, has the mother and child health centre or someone else referred your child for further specialist investigation?	9.Testicles not descended into scrotum		DD243;DD244
Does your child have or has he/she had any of the following health problems? If yes, has the mother and child health centre or someone else referred your child for further specialist investigation?	10.Asthma		DD245;DD246
Does your child have or has he/she had any of the following health problems? If yes, has the mother and child health centre or someone else referred your child for further specialist investigation?	11.Atopic eczema (childhood eczema)		DD247;DD248
Does your child have or has he/she had any of the following health problems? If yes, has the mother and child health centre or someone else referred your child for further specialist investigation?	12.Hives		DD249;DD250
Does your child have or has he/she had any of the following health problems? If yes, has the mother and child health centre or someone else referred your child for further specialist investigation?	13.Food allergy/intolerance		DD251;DD252
Does your child have or has he/she had any of the following health problems? If yes, has the mother and child health centre or someone else referred your child for further specialist investigation?	14.Delayed psychomotor development (several functions)		DD1107;DD1108
Does your child have or has he/she had any of the following health problems? If yes, has the mother and child health centre or someone else referred your child for further specialist investigation?	15.(Other) malformations		DD253;DD254
Does your child have or has he/she had any of the following health problems? If yes, has the mother and child health centre or someone else referred your child for further specialist investigation?	Other malformations, specify_		
Does your child have or has he/she had any of the following health problems? If yes, has the mother and child health centre or someone else referred your child for further specialist investigation?	16.Other		DD256;DD257
Does your child have or has he/she had any of the following health problems? If yes, has the mother and child health centre or someone else referred your child for further specialist investigation?	Other, specify		
<b>If your child was referred for a specialist investigation, what did this investigation show?</b>		Everything was fine;Still some doubts/further investigation needed;Don't know	;DD259
If your child was referred for a specialist investigation, what did this investigation show?	Given the following diagnosis:		DD260 DD861(txt.)
<b>Is your child suspected of having a syndrome or chromosomal defect?</b>	No		DD1109
Is your child suspected of having a syndrome or chromosomal defect?	Yes, a syndrome		DD1110
Is your child suspected of having a syndrome or chromosomal defect?	Yes, a chromosomal defect		DD1111
Is your child suspected of having a syndrome or chromosomal defect?	If yes, specify the name or describe the problem		DD1112
Is your child suspected of having a syndrome or chromosomal defect?	Description of the problem		DD1113 DD1120(txt.)
<b>Has your child been treated for a hip problem (hip dysplasia)?</b>		No;Yes, treated with a cushion;Yes, treated with a plaster cast;Yes, treated with braces	;DD261
Has your child been treated for a hip problem (hip dysplasia)?		If yes, how long did the treatment go on for?;_months	DD262
<b>Has your child had the following illness/health problem? If yes, did you go to a doctor or hospital about it?</b>	1.Common cold	Has your child had health;problems?;;Number of times;Did you go to a doctor/clinic for;this?;Been admitted to hospital?	DD263;DD264;DD265;DD266

Has your child had the following illness/health problem? If yes, did you go to a doctor or hospital about it?	2.Throat infection		DD267;DD268;DD269;DD270
Has your child had the following illness/health problem? If yes, did you go to a doctor or hospital about it?	3.Ear infection		DD271;DD272;DD273;DD274
Has your child had the following illness/health problem? If yes, did you go to a doctor or hospital about it?	4.Pseudocroup		DD275;DD276;DD277;DD278
Has your child had the following illness/health problem? If yes, did you go to a doctor or hospital about it?	5.Bronchitis/RS virus/pneumonia		DD279;DD280;DD281;DD282
Has your child had the following illness/health problem? If yes, did you go to a doctor or hospital about it?	6.Gastric flu/diarrhoea		DD283;DD284;DD285;DD286
Has your child had the following illness/health problem? If yes, did you go to a doctor or hospital about it?	7.Urinary tract infection		DD287;DD288;DD289;DD290
Has your child had the following illness/health problem? If yes, did you go to a doctor or hospital about it?	8.Conjunctivities		DD291;DD292;DD293;DD294
Has your child had the following illness/health problem? If yes, did you go to a doctor or hospital about it?	9.Febrile convulsions		DD295;DD296;DD297;DD298
Has your child had the following illness/health problem? If yes, did you go to a doctor or hospital about it?	10.Other convulsions (with any fever)		DD299;DD300;DD301;DD302
Has your child had the following illness/health problem? If yes, did you go to a doctor or hospital about it?	11. Colic		DD303;DD304;DD305;DD306
Has your child had the following illness/health problem? If yes, did you go to a doctor or hospital about it?	12.Nappy rash		DD307;DD308;DD309;DD310
Has your child had the following illness/health problem? If yes, did you go to a doctor or hospital about it?	13.Other		DD311;DD312;DD313;DD314
Has your child had the following illness/health problem? If yes, did you go to a doctor or hospital about it?	1. Common cold / sore throat	<i>Has (had) your child problem?;Did you go to a doctor/clinic for;this?;Been admitted to hospital?</i>	DD928;DD929;DD930
Has your child had the following illness/health problem? If yes, did you go to a doctor or hospital about it?	2. Bronchitis / RS virus		DD931;DD932;DD933
Has your child had the following illness/health problem? If yes, did you go to a doctor or hospital about it?	3. Bronchitis / Pneumonia		DD934;DD935;DD936
Has your child had the following illness/health problem? If yes, did you go to a doctor or hospital about it?	4. Asthma		DD937;DD938;DD939
Has your child had the following illness/health problem? If yes, did you go to a doctor or hospital about it?	5. Children Eczema / atopic dermatitis		DD940;DD941;DD942
Has your child had the following illness/health problem? If yes, did you go to a doctor or hospital about it?	6. Food allergy / intolerance		DD943;DD944;DD945
Has your child had the following illness/health problem? If yes, did you go to a doctor or hospital about it?	7. Congenital malformation		DD946;DD947;DD948
Has your child had the following illness/health problem? If yes, did you go to a doctor or hospital about it?	8. Delayed development		DD949;DD950;DD951
Has your child had the following illness/health problem? If yes, did you go to a doctor or hospital about it?	9. Injuries		DD952;DD953;DD954
<b>Have your child ever been given any medication?</b>		1- No;Yes	DD316
<b>If yes, give the name of the medicines and when they were given. (Include all types of medication, as well;as natural medicines, taken both on a regular and occasional basis.)</b>	1. <i>Name of medicine How old was your child when you gave the medicine?;Number of days given in total</i>	<1 month;1-2;months;3-4;months;5-6 months;Number 0-999	DD317 DD863_K;DD318;DD319;DD320;DD321;DD322
If yes, give the name of the medicines and when they were given. (Include all types of medication, as well;as natural medicines, taken both on a regular and occasional basis.)	2		DD323 DD864_K;DD324;DD325;DD326;DD327;DD328
If yes, give the name of the medicines and when they were given. (Include all types of medication, as well;as natural medicines, taken both on a regular and	3		DD329 DD865_K;DD330;DD331;DD3

occasional basis.)			32;DD333;DD334
If yes, give the name of the medicines and when they were given. (Include all types of medication, as well;as natural medicines, taken both on a regular and occasional basis.)	4		DD335 DD866_K;DD336;DD337;DD338;DD339;DD340
<b>Has your child been examined at or admitted to hospital (since returning home from hospital after birth)?</b>		1- No;Yes	DD344
Has your child been examined at or admitted to hospital (since returning home from hospital after birth)?		Yes, specify_	DD345 DD867 (txt.)
<b>Has your child been operated on or does he/she have a condition requiring an operation?</b>		1- No;Yes	DD346
Has your child been operated on or does he/she have a condition requiring an operation?		Yes, specify_	DD347;DD868 (txt.)
<b>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.</b>	1. When your child is lying on his/her back, does he/she play by grabbing hold of his/her feet?	Yes, often;Yes, but seldom 3-No, not yet;4-Don't know	DD348
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. When your child is on his/her tummy, does he/she straighten both arms and push her whole chest off the bed or floor?		DD349
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. Does your child roll over from his/her back onto his/her tummy?		DD350
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. When you "chat" to your child, does he/she try to "chat" back to you?		DD351
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. Does your child babble and make sounds when he/she is lying on his/her own?		DD352
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. Can you tell how your child is just by listening to the sounds he/she is making;(e.g. <i>Contented, hungry, angry, in pain</i> )?		DD353
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. Do you get a smile from your child when you just smile at him/her ( <i>without;touching or tickling him/her and without holding up a toy</i> )?		DD354
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. When you call your child, does he/she turn towards you one of the first times you say his/her name?		DD355
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 grab a toy you offer and then put it in his/her mouth or hold it?		DD356
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. When your child is sitting on your lap, does he/she stretch out for a toy or something else on the table in front of you?		DD357
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 hold onto a toy with both hands when he/she is examining it?		DD358
<b>Where is your child cared for during the day?</b>	At home with mother/father/other family member		DD359
Where is your child cared for during the day?	At home with an unqualified childminder		DD360
Where is your child cared for during the day?	At a childminder's		DD361

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Where is your child cared for during the day?	In a family creche		DD362
Where is your child cared for during the day?	In a nursery		DD363
<b>How many other children are there usually along with your child during the day?</b>		Number 0-99	DD364
<b>Does your child go to baby swimming?</b>		1- No;Yes	DD365
Does your child go to baby swimming?	If yes, indicate the number of times during the last 2 months	Number 0-99	DD366
<b>How often is your child outside?</b>		1) Seldom;Often, but less than 1 hour a day;1-3 hours a day;More than 3 hours a day	;DD367
<b>Does your child use a dummy/pacifier?</b>		1) Seldom or never;Only when he/she goes to sleep;Often;Most of the time	;DD368
<b>How many hours in total does your child sleep per 24 hours?</b>		1) Less than 8 hours;8-10 hours;11-13 hours;13-14 hours;More than 14 hours	::DD369
<b>How do you put your child down when he/she is going to sleep?</b>	After the birth	<i>On back</i>	DD370;DD371;DD372
How do you put your child down when he/she is going to sleep?	At 2 months	<i>On side</i>	DD373;DD374;DD375
How do you put your child down when he/she is going to sleep?	At 4 months	<i>On tummy</i>	DD376;DD377;DD378
How do you put your child down when he/she is going to sleep?	At 6 months	<i>On back</i>	DD379;DD380;DD381
<b>Does your child share a bed with his/her mother/father (at least half the night)?</b>	After the birth	1) No;Sometimes;Often	DD382
Does your child share a bed with his/her mother/father (at least half the night)?	At 2 months		DD383
Does your child share a bed with his/her mother/father (at least half the night)?	At 4 months		DD384
Does your child share a bed with his/her mother/father (at least half the night)?	At 6 months		DD385
<b>Say whether you agree or disagree with the following statements about the child's mood and temperament. Think about how he/she usually is.</b>	The child cries and complains a lot	1- Completely disagree;Disagree;Disagree somewhat;Indifferent;Agree somewhat;Agree;Agree completely	DD386
Say whether you agree or disagree with the following statements about the child's mood and temperament. Think about how he/she usually is.	The child is easy to calm when he/she cries		DD387
Say whether you agree or disagree with the following statements about the child's mood and temperament. Think about how he/she usually is.	The child is easily upset		DD388
Say whether you agree or disagree with the following statements about the child's mood and temperament. Think about how he/she usually is.	When the baby cries, he/she usually cries loudly and vigorously		DD389
Say whether you agree or disagree with the following statements about the child's mood and temperament. Think about how he/she usually is.	The child is easy to handle		DD390
Say whether you agree or disagree with the following statements about the child's mood and temperament. Think about how he/she usually is.	The child requires a lot of attention		DD391
Say whether you agree or disagree with the following statements about the child's mood and temperament. Think about how he/she usually is.	When left alone, he/she usually plays alone and is contented		DD392
Say whether you agree or disagree with the following statements about the child's mood and temperament. Think about how he/she usually is.	The child is so demanding that it would represent a considerable problem for most parents		DD393

Say whether you agree or disagree with the following statements about the child's mood and temperament. Think about how he/she usually is.	The child smiles and laughs frequently		DD394
Say whether you agree or disagree with the following statements about the child's mood and temperament. Think about how he/she usually is.	The child is easy to put to bed, and falls asleep quickly		DD395
<b>Currently how often does your child usually wake up during the night?</b>		1) 3 or more times every night;Once or twice every night;A few times a week;Seldom or never	;DD396
Currently how often does your child usually wake up during the night?			DD397
<b>Did you go to your doctor/midwife/health visitor for your own health problems during the first month after;the birth?</b>		1- No;Yes	DD401
Did you go to your doctor/midwife/health visitor for your own health problems during the first month after;the birth?		Yes,_times	DD402
<b>If yes, what was the reason for this?</b>		Perineal wounds/stitches	DD403
If yes, what was the reason for this?		Caesarean section wound	DD404
If yes, what was the reason for this?		Mastitis	DD405
If yes, what was the reason for this?		Sore nipples	DD406
If yes, what was the reason for this?		Breastfeeding problems	DD407
If yes, what was the reason for this?		Other	DD408
If yes, what was the reason for this?		Other, specify_	DD409 DD869 (txt.)
<b>When you think back to the time just after the birth, did you feel depressed during that period?</b>		1- No;Yes	DD410
When you think back to the time just after the birth, did you feel depressed during that period?		Yes,_weeks	DD411
<b>Apart from being in hospital for the birth, have you been admitted to hospital since you completed the;previous questionnaire?</b>		1- No;Yes	DD412
Apart from being in hospital for the birth, have you been admitted to hospital since you completed the;previous questionnaire?		Yes, specify hospital_	DD413 DD870 (txt.)
<b>Do you have a chronic/long-term illness which has started since you completed the previous;questionnaire?</b>		1- No;Yes	DD414
Do you have a chronic/long-term illness which has started since you completed the previous;questionnaire?		Yes, specify _	DD415 DD871 (txt.)
<b>Overall, how would you describe your physical health at the moment?</b>		3- 1-Very good 2-Good;Poor;Very poor	;DD416
Overall, how would you describe your physical health at the moment?	<i>;Illness/problems</i>	<i>Have you suffered from...?</i>	<i>If you have taken medication...</i>
<b>Have you had any of the following problems/illnesses since you completed the previous questionnaire? If yes, are you taking or have you taken medication for these problems?</b>	1.Sugar in urine	<i>;No; Yes, last part during pregnancy;Yes, after the birth;Name of medication taken;Last part of this pregnancy;0-3 mth after the birth</i>	DD417;DD418;DD419;DD420 DD872_K;DD421;DD422;DD423;DD424
Have you had any of the following problems/illnesses since you completed the previous questionnaire? If yes, are you taking or have you taken medication for these problems?	2.Protein in urine		DD425;DD426;DD427;DD428 DD873_K;DD429;DD430;DD431;DD432
Have you had any of the following problems/illnesses since you completed the previous questionnaire? If yes, are you taking or have you taken medication for these problems?	3.High blood pressure		DD433;DD434;DD435;DD436 DD874_K;DD437;DD438;DD439;DD440

Have you had any of the following problems/illnesses since you completed the previous questionnaire? If yes, are you taking or have you taken medication for these problems?	4.Swelling (oedema)		DD441;DD442;DD443;DD444 DD875_K;DD445;DD446;DD447;DD448
Have you had any of the following problems/illnesses since you completed the previous questionnaire? If yes, are you taking or have you taken medication for these problems?	5.Cystitis		DD449;DD450;DD451;DD452 DD876_K;DD453;DD454;DD455;DD456
Have you had any of the following problems/illnesses since you completed the previous questionnaire? If yes, are you taking or have you taken medication for these problems?	6.Sluggish bowels/constipation		DD457;DD458;DD459;DD460 DD877_K;DD461;DD462;DD463;DD464
Have you had any of the following problems/illnesses since you completed the previous questionnaire? If yes, are you taking or have you taken medication for these problems?	7.Diarrhoea/vomiting		DD465;DD466;DD467;DD468 DD878_K;DD469;DD470;DD471;DD472
Have you had any of the following problems/illnesses since you completed the previous questionnaire? If yes, are you taking or have you taken medication for these problems?	8.Heartburn/acidity		DD473;DD474;DD475;DD476 DD879_K;DD477;DD478;DD479;DD480
Have you had any of the following problems/illnesses since you completed the previous questionnaire? If yes, are you taking or have you taken medication for these problems?	9.Common cold;/influenza		DD481;DD482;DD483;DD484 DD880_K;DD485;DD486;DD487;DD488
Have you had any of the following problems/illnesses since you completed the previous questionnaire? If yes, are you taking or have you taken medication for these problems?	10.Sore throat;/sinusitis/ear infection		;DD489;DD490;DD491;DD492 DD881_K;DD493;DD494;DD495;DD496
Have you had any of the following problems/illnesses since you completed the previous questionnaire? If yes, are you taking or have you taken medication for these problems?	11.Pneumonia/ bronchitis		DD497;DD498;DD499;DD500 DD882_K;DD501;DD502;DD503;DD504
Have you had any of the following problems/illnesses since you completed the previous questionnaire? If yes, are you taking or have you taken medication for these problems?	12.Asthma		DD505;DD506;DD507;DD508 DD883_K;DD509;DD510;DD511;DD512
Have you had any of the following problems/illnesses since you completed the previous questionnaire? If yes, are you taking or have you taken medication for these problems?	13.Hay fever/other allergy		DD513;DD514;DD515;DD516 DD884_K;DD517;DD518;DD519;DD520
Have you had any of the following problems/illnesses since you completed the previous questionnaire? If yes, are you taking or have you taken medication for these problems?	14.Headache/other pains		DD521;DD522;DD523;DD524 DD885_K;DD525;DD526;DD527;DD528
Have you had any of the following problems/illnesses since you completed the previous questionnaire? If yes, are you taking or have you taken medication for these problems?	15.Vaginitis		DD529;DD530;DD531;DD532 DD886_K;DD533;DD534;DD535;DD536
Have you had any of the following problems/illnesses since you completed the previous questionnaire? If yes, are you taking or have you taken medication for these problems?	16.Mental health problems		DD537;DD538;DD539;DD540 DD887_K;DD541;DD542;DD543;DD544
Have you had any of the following problems/illnesses since you completed the previous questionnaire? If yes, are you taking or have you taken medication for these problems?	17.Mastitis		DD545;DD546;DD547;DD548 DD888_K;DD549;DD550;DD551;DD552
Have you had any of the following problems/illnesses since you completed the previous questionnaire? If yes, are you taking or have you taken medication for these problems?	18.Fever		DD553;DD554;DD555;DD556 DD889_K;DD557;DD558;DD559;DD560
Have you had any of the following problems/illnesses since you completed the previous questionnaire? If yes, are you taking or have you taken medication for these problems?	19.Other		DD561;DD562;DD563;DD564 DD890_K;DD565;DD566;DD567;DD568
<b>Have you taken medicines other than those mentioned in Question 53?</b>		1- No;Yes	DD570
<b>If yes, give the name of the medicines and when you took them.</b>	Name of medicine ; <i>Taken medication;Number of days;Taken medication;Number of days;Taken medication;Number of days Last part of</i>	1	DD571 DD892_K;DD572;DD573;DD574;DD575;DD576;DD577

	<i>pregnancy;0-3 months after the birth;4-6 months after the birth</i>		
If yes, give the name of the medicines and when you took them.		2	DD578 DD893_K;DD579;DD580;DD581;DD582;DD583;DD584
If yes, give the name of the medicines and when you took them.		3	DD585 DD894_K;DD586;DD587;DD588;DD589;DD590;DD591
<b>Do you take or have you taken cod liver oil, vitamins or other dietary supplements since the previous questionnaire?</b>		1- No;Yes	DD570
<b>If yes, which product, when did you take it and how often?</b>	<i>;Name of medicine ;When did you take the product?;How often? ;Last part of;pregnancy;0-3 months;after the birth;4-6 months after;the birth;Taken daily;Taken;sometimes</i>	1	DD593 DD895_K;DD594;DD595;DD596;DD597;DD598
If yes, which product, when did you take it and how often?		2	DD599 DD896_K;DD600;DD601;DD602;DD603;DD604
If yes, which product, when did you take it and how often?		3	DD605 DD897_K;DD606;DD607;DD608;DD609;DD610
<b>Have you experienced any pain in your back or pelvis since you completed the previous questionnaire?</b>		1- No;Yes	DD614
Have you experienced any pain in your back or pelvis since you completed the previous questionnaire?	;; <b>Where was the pain?</b>		<i>Last part of;pregnancy;0-3 months;after the birth;4-6 months;after the birth</i>
Have you experienced any pain in your back or pelvis since you completed the previous questionnaire?			1-Some pain 2-Major pain;1-Some pain 2-Major pain;1-Some pain 2-Major pain
<b>If yes, enter a cross to indicate where you have experienced pain, when and how much.</b>	Small of the back		DD615;DD616;DD617
If yes, enter a cross to indicate where you have experienced pain, when and how much.	One of the pelvic/ sacroiliac joints at the back		DD618;DD619;DD620
If yes, enter a cross to indicate where you have experienced pain, when and how much.	Both pelvic/ sacroiliac joints at the back		DD621;DD622;DD623
If yes, enter a cross to indicate where you have experienced pain, when and how much.	Over the coccygeal bone		DD624;DD625;DD626
If yes, enter a cross to indicate where you have experienced pain, when and how much.	In the buttocks		DD627;DD628;DD629
If yes, enter a cross to indicate where you have experienced pain, when and how much.	Over the public bone		DD630;DD631;DD632
If yes, enter a cross to indicate where you have experienced pain, when and how much.	Groin		DD633;DD634;DD635
If yes, enter a cross to indicate where you have experienced pain, when and how much.	Other back pains		DD636;DD637;DD638
<b>Currently, do you wake up at night because of pelvic pain?</b>		1- No, never;Yes, but only sometimes 3-Yes, often	DD639
<b>Do you have such problems walking at the moment due to pelvic pain that you have to use a stick or crutches?</b>		1- No, never;Yes, but not every day 3-Yes, every day	DD640
<b>Have you ever received treatment for pelvic pain?</b>		1- No;Yes	DD641
Have you ever received treatment for pelvic pain?			<i>Before this pregnancy;During this pregnancy;After this birth</i>

<b>If yes, enter a cross to indicate the type of treatment and when it was.</b>	Physiotherapy		DD642;DD643;DD644
If yes, enter a cross to indicate the type of treatment and when it was.	Chiropractic		DD645;DD646;DD647
If yes, enter a cross to indicate the type of treatment and when it was.	Medication		DD648;DD649;DD650
If yes, enter a cross to indicate the type of treatment and when it was.	Other		DD651;DD652;DD653
If yes, enter a cross to indicate the type of treatment and when it was.	Other, specify		DD654 DD898 (txt.)
<b>How long was it before you resumed sexual intercourse after the birth?</b>	_Weeks;Have not had sexual intercourse	Number 0-99	DD655 DD656
How long was it before you resumed sexual intercourse after the birth?	How often? How much at a time?	1) <i>Never</i> 2) <i>1-4 times a month</i> 3) <i>1-6 times a week</i> 4) <i>Once a day</i> 5) <i>More than once a day</i>	
How long was it before you resumed sexual intercourse after the birth?			
How long was it before you resumed sexual intercourse after the birth?			
How long was it before you resumed sexual intercourse after the birth?			
How long was it before you resumed sexual intercourse after the birth?			
<i>How long was it before you resumed sexual intercourse after the birth?</i>	<i>Problem</i>		
<b>Do you have any of the following problems at the moment; if so, how often and to what extent?</b>	Incontinence when coughing, sneezing or laughing	DD657	DD658
Do you have any of the following problems at the moment; if so, how often and to what extent?	Incontinence during physical activity (running/jumping)	DD659	DD660
Do you have any of the following problems at the moment; if so, how often and to what extent?	Incontinence with a strong need to urinate	DD661	DD662
Do you have any of the following problems at the moment; if so, how often and to what extent?	Problems with retaining faeces	DD663	;N/A
Do you have any of the following problems at the moment; if so, how often and to what extent?	Problems with flatulence	DD664	
<b>How many times did you go for an ultrasound scan during your pregnancy?</b>	_Weeks	Number 0-99	DD665
<b>Was everything OK with the ultrasound scan(s)?</b>		1- No;Yes	DD666
<b>If no, what was the problem?</b>	The baby was not growing enough		DD667
If no, what was the problem?	Suspected malformation		DD668
If no, what was the problem?	Suspected malformation, describe_		DD669 DD899 (txt)
If no, what was the problem?	Other		DD670
If no, what was the problem?	Other, specify_		DD671 DD900 (txt)
<b>How much did you weigh at the end of your pregnancy and how much do you weigh now?</b>	At end of pregnancy	_Kg	DD672
How much did you weigh at the end of your pregnancy and how much do you weigh now?	Now	_Kg	DD673
<b>Were you completely or partly on sick leave after week 30 of your pregnancy? (<i>Don't include maternity leave</i>)</b>		1- No;Yes, partly on sick leave;Yes, completely on sick leave	DD674

Were you completely or partly on sick leave after week 30 of your pregnancy? (Don't include maternity leave)		Reason for sick leave	Sick leave during week of pregnancy;No. Of days;% sick leave
Were you completely or partly on sick leave after week 30 of your pregnancy? (Don't include maternity leave)			30-33;34-37;38+
<b>If you were on sick leave after week 30 of your pregnancy, complete the table below with a line for each time you;were on sick leave. Give the reason and enter a cross indicating which weeks of your pregnancy you were on sick leave. Specify how many days and what percentage of the period you were on sick leave each time.</b>	Sick leave No.1	DD675 DD901(txt)	DD676;DD677;DD678;DD679;DD680
If you were on sick leave after week 30 of your pregnancy, complete the table below with a line for each time you;were on sick leave. Give the reason and enter a cross indicating which weeks of your pregnancy you were on sick leave. Specify how many days and what percentage of the period you were on sick leave each time.	Sick leave No.2	DD681 DD902(txt)	DD682;DD683;DD684;DD685;DD686
If you were on sick leave after week 30 of your pregnancy, complete the table below with a line for each time you;were on sick leave. Give the reason and enter a cross indicating which weeks of your pregnancy you were on sick leave. Specify how many days and what percentage of the period you were on sick leave each time.	Sick leave No.3	DD687 DD903(txt)	DD688;DD689;DD690;DD691;DD692
<b>Would your current financial situation allow you to cope with an unexpected bill of NOK 10,000 for a dental visit or a repair, for instance?</b>		1- No;Yes;Don't know	;DD693
<b>Have you found it difficult sometimes during the last six months to cope with running expenses for food,;transport, rent, etc.?</b>		Never;Yes, but infrequently 3-Yes, sometimes;4-Yes, often	;DD694
<b>Are there pets in the child's home?</b>		1- No;Yes	DD979
<b>If yes, which type(s)?</b>	1. Dog		DD696
If yes, which type(s)?	2. Cat		DD697
If yes, which type(s)?	3. Guinea pig/rabbit/hamster/ rat, etc.		DD698
If yes, which type(s)?	4. Budgie or other type of birds		DD699
If yes, which type(s)?	5. Other type of animals		DD700
If yes, which type(s)?	Other type of animals, specify_		DD701 DD904 (txt.)
<b>Do you have heating based on electrical heating cables under the floor in rooms where you child is?</b>		1- No;Yes	DD702
<b>If yes, in which rooms?</b>	Living room		DD703
If yes, in which rooms?	Kitchen		DD704
If yes, in which rooms?	Child's room		DD705
If yes, in which rooms?	Bedroom		DD706
If yes, in which rooms?	Hall		DD707
If yes, in which rooms?	Bathroom		DD708
If yes, in which rooms?	Other rooms		DD709
<b>How often do you do exercises the following groups of muscles at home ,;or at a gym?</b>	Abdominal muscles	1) Never	DD710

How often do you do exercises the following groups of muscles at home or at a gym?	Back muscles		DD711
How often do you do exercises the following groups of muscles at home or at a gym?	Pelvic floor muscles (muscles around the vagina, urethra, anus)		DD712
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 week	DD716
How often are you physically active at present?	2. Brisk walking		DD717
How often are you physically active at present?	3. Running/jogging/orienteering		DD718
How often are you physically active at present?	4. Bicycling		DD719
How often are you physically active at present?	5. Training studio/weight training		DD720
How often are you physically active at present?	6. Special gymnastics/aerobics for pregnant women		DD721
How often are you physically active at present?	7. Aerobics/gymnastics/dance without running and jumping		DD722
How often are you physically active at present?	8. Aerobics/gymnastics with running and jumping		DD723
How often are you physically active at present?	9. Dancing (swing/rock/folk)		DD724
How often are you physically active at present?	10. Skiing		DD725
How often are you physically active at present?	11. Ball sports		DD726
How often are you physically active at present?	12. Swimming		DD727
How often are you physically active at present?	13. Riding		DD728
How often are you physically active at present?	14. Other		DD729
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;2) Less than once a week;3) Once a week;Twice a week;3-4 times or more a week;6) 5 times a week or more	DD730
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?	At work		DD731
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?			
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?			<i>Yourself;Your partner/husband</i>
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?			Last 3 mths during;pregnancy;0-3 mths after birth;4-6 mths after birth;Last 3 mths during;pregnancy;0-3 mths after birth;4-6 mths after birth
What were your and your partner/husband's smoking habits during the last 3 months of your pregnancy and in the period after the birth?	1- Didn't smoke;Smoked sometimes 3- Smoked every day		;DD732;;DD733;;DD734;;DD735;;DD736;;DD737
What were your and your partner/husband's smoking habits during the last 3 months of your pregnancy and in the period after the birth?	If every day, number of cigarettes per day		DD738;DD739;DD740;DD741; DD742;DD743
What were your and your partner/husband's smoking habits during the last 3 months of your pregnancy and in the period after the birth?	If sometimes, number of cigarettes a day		DD1114;DD1115;DD1116;DD 1117;DD1118;DD1119

Is your child ever present in a room where someone smokes?		1- No;Yes, sometimes;Yes, several times a week;Yes, every day	DD744
Is your child ever present in a room where someone smokes?		If every day, number of hours_	DD745
Is your child ever present in a room where someone smokes?			No;Yes, last 3 months of;pregnancy;Yes, after birth
<b>Did you take any of the following substances during the last 3 months of your pregnancy and after the birth?</b>	Hash		DD746;DD747;DD748
Did you take any of the following substances during the last 3 months of your pregnancy and after the birth?	Amphetamine		DD749;DD750;DD751
Did you take any of the following substances during the last 3 months of your pregnancy and after the birth?	Ecstasy		DD752;DD753;DD754
Did you take any of the following substances during the last 3 months of your pregnancy and after the birth?	Cocaine		DD755;DD756;DD757
Did you take any of the following substances during the last 3 months of your pregnancy and after the birth?	Heroin		DD758;DD759;DD760
Did you take any of the following substances during the last 3 months of your pregnancy and after the birth?	Other		DD761;DD762;DD763
Did you take any of the following substances during the last 3 months of your pregnancy and after the birth?	Other, specify_		DD764 DD905 (txt.)
<b>Have you taken any of the following substances during the last 3 months of your pregnancy and after the;birth?</b>	Anabolic steroids		DD765;DD766;DD767
Have you taken any of the following substances during the last 3 months of your pregnancy and after the;birth?	Testosterone products		DD768;DD769;DD770
Have you taken any of the following substances during the last 3 months of your pregnancy and after the;birth?	Growth hormones (e.g. Genotropin/somatropin)		DD771;DD772;DD773
<b>How often did you drink alcohol during the last 3 months of your pregnancy and how often do you drink now?</b>	Last 3 months of pregnancy	1-Roughly 6-7 times a week 2-Roughly 4-5 times a week 3-Roughly 2-3 times a week 4- Roughly once a week;5- Roughly 1-3 times a week 6-Less than once a month;7-Never	DD774
<i>How often did you drink alcohol during the last 3 months of your pregnancy and how often do you drink now?</i>	0-3 months after the birth		DD775
How often did you drink alcohol during the last 3 months of your pregnancy and how often do you drink now?	4-6 months after the birth		DD776
<b>How many units of alcohol do you usually drink when you consume alcohol (complete both for the;last 3 months of your pregnancy and afterwards)?</b>	Last 3 months of pregnancy	1) 10 or more 2) 7-9;3) 5-6;4) 3-4;5) 1-2;6) Less than 1	DD777
<i>How many units of alcohol do you usually drink when you consume alcohol (complete both for the;last 3 months of your pregnancy and afterwards)?</i>	0-3 months after the birth		DD778
How many units of alcohol do you usually drink when you consume alcohol (complete both for the;last 3 months of your pregnancy and afterwards)?	4-6 months after the birth		DD779
<b>Do you have a boyfriend/husband/partner?</b>		1- No;Yes	DD780
<b>If yes, how well do these statements describe your relationship?</b>	1. I have a close relationship with my spouse/partner	;1-Agree completely 2-Agree;Agree somewhat;Disagree somewhat 5-Disagree;6-Disagree completely	DD784
If yes, how well do these statements describe your relationship?	2. My partner and I have problems in our relationship		DD785
If yes, how well do these statements describe your relationship?	3. I am very happy with our relationship		DD786
If yes, how well do these statements describe your relationship?	4. My partner is generally understanding		DD787



If yes, how well do these statements describe your relationship?	5. I often consider ending our relationship		DD788
If yes, how well do these statements describe your relationship?	6. I am satisfied with my relationship with my partner		DD789
If yes, how well do these statements describe your relationship?	7. We frequently disagree on important decisions		DD790
If yes, how well do these statements describe your relationship?	8. I have been lucky in my choice of a partner		DD791
If yes, how well do these statements describe your relationship?	9. We agree on how our child should be raised		DD792
If yes, how well do these statements describe your relationship?	10. I believe my partner is satisfied with our relationship		DD793
<b>In your daily life, how often do you experience the following?</b>	1. Feel glad about something	1-Rarely or never 2-Hardly ever;3-Sometimes 4-Often;5-Very often	DD794
In your daily life, how often do you experience the following?	2. Feel happy		DD795
In your daily life, how often do you experience the following?	3. Feel joyful, like everything is going your way, everything is rosy		DD796
In your daily life, how often do you experience the following?	4. Feel like screaming at somebody or banging on something		DD797
In your daily life, how often do you experience the following?	5. Feel angry, irritated, annoyed		DD798
In your daily life, how often do you experience the following?	6. Feel mad at somebody		DD799
<b>Do you agree or disagree with the following statements?</b>	1. In most ways my life is close to my ideal	6- 1- Strongly disagree;Disagree;Slightly disagree;4- Neither agree nor disagree 5- Slightly agree;Agree;Strongly agree	DD800
Do you agree or disagree with the following statements?	2. The conditions of my life are excellent	7-	DD801
Do you agree or disagree with the following statements?	3. I am satisfied with my life	8-	DD802
Do you agree or disagree with the following statements?	4. So far I have gotten the important things I want in life		DD803
Do you agree or disagree with the following statements?	5. If I could live my life over, I would change almost nothing		DD804
Do you agree or disagree with the following statements?		1- ;No;Yes	If yes;;Not too bad;Painful-difficult;Very painful-difficult
<b>Have you experienced any of the following situations since the previous questionnaire? If yes, how painful or;difficult was this for you?</b>	1. Have you had problems at work or where you study?	DD805	DD806
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?	DD807	DD808
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?	DD809	DD810
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?	DD811	DD812
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?	DD813	DD814
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?	DD815	DD816
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?	DD817	DD818
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?	DD819	DD820

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?	DD821	DD822
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?	DD823	DD824
Have you experienced any of the following situations since the previous questionnaire? If yes, how painful or;difficult was this for you?	11. Other	DD825	DD826
<b>Have you experienced any of the following feelings during the last week?</b>	1. Have blamed yourself unnecessarily when things went wrong	1-Yes, most of the time 2-Yes, some of the time 3-Not very often;4-Yes, very often	DD827
Have you experienced any of the following feelings during the last week?	2. Have been anxious or worried for no good reason		DD828
Have you experienced any of the following feelings during the last week?	3. Have felt scared or panicky for no very good reason		DD829
Have you experienced any of the following feelings during the last week?	4. Have been so unhappy that you have had difficulty sleeping		DD830
Have you experienced any of the following feelings during the last week?	5. Have felt sad or miserable		DD831
Have you experienced any of the following feelings during the last week?	6. Have been so unhappy that you have been crying		DD832
<b>How do you feel about yourself?</b>	1. I have a positive attitude toward myself	1-Strongly agree 2-Agree;Disagree;Strongly disagree	DD833
How do you feel about yourself?	2. I feel completely useless at times		DD834
How do you feel about yourself?	3. I feel that I do not have much to be proud about		DD835
How do you feel about yourself?	4. I feel that I am a valuable person, as good as anyone else		DD836
<b>Have you been bothered by any of the following during the last two weeks?</b>	1. Feeling fearful	1-Not bothered;2-A little bothered 3-Quite bothered 4-Very bothered	DD837
Have you been bothered by any of the following during the last two weeks?	2. Nervousness or shakiness inside		DD838
Have you been bothered by any of the following during the last two weeks?	3. Feeling hopeless about the future		DD839
Have you been bothered by any of the following during the last two weeks?	4. Feeling blue		DD840
Have you been bothered by any of the following during the last two weeks?	5. Worrying too much about things		DD841
Have you been bothered by any of the following during the last two weeks?	6. Feeling everything is an effort		DD842
Have you been bothered by any of the following during the last two weeks?	7. Feeling tense or keyed up		DD843
Have you been bothered by any of the following during the last two weeks?	8. Suddenly scared for no reason		DD844

<b>Is your child a boy or girl?</b>		Boy/Girl	DD12
<b>How big was your child when he/she was born?</b>	Birth weight	Number 0-99	DD13
	Length		DD14
<b>In which week of your pregnancy did you give birth?</b>	Week:	Number 0-99	DD15
<b>How long was your child in hospital</b>	Number of days	Number 0-99	DD16

after the birth?			
	Or weeks		DD17
Was your child transferred to another department or hospital after the birth?		No;Yes;If yes, specify___	DD18
			DD19 DD848(txt.)
Was your child delivered by caesarean section?		1- No;Yes	DD20
If yes, was the caesarean section planned?		1- No;Yes	;DD21
	If yes, why?	Breech presentation	DD22
		Previous caesarean	DD23
		Pregnancy complication or other taken ill	DD24
		Poor growth or other factor relating to the foetus	DD25
		Own preferences	DD26
		Other	DD27
Were there any complications during the birth?		No;Yes;	DD28
		If yes, describe	DD29 DD849(txt.)
Were you admitted or transferred to another department or other hospital due to complications in connection;with the birth? <i>(Applies both before and after the birth)</i>		No;Yes;If yes, describe:___	DD28
			DD29 DD849(txt.)
If yes, where?		Department: _	DD31 DD850(txt.)
		Hospital: _	DD32 DD851(txt.)
How many days were you in hospital in connection with the birth?	Before the birth	Number of days	DD33
	After the birth		DD34

Did the birth go as you expected?		1-Yes, as expected 2-No, it went better 3-Neither/nor 4-No, it was worse 5-Don't know	;DD35
How true do you think the following descriptions are of the birth?	I felt safe and in good hands		DD36
	I was in a lot of pain		DD37
	I received too few pain-killing drugs		DD38
Was anyone from your close family present at the birth?		Yes, child's father	DD39
		Yes, someone else	DD40
		No	DD41
What did you give your child to drink during the first week of life?	Breast milk		DD42
	Water		DD43
	Sugar water		DD44
	Formula		DD45
	Other		DD46
	Other, specify_____		DD47 DD852(txt.)
	Don't know/remember		DD48
What has your child been given to drink during the first 6 months of his/her life?	1. Breast milk	0;1;2;3;4;5;6	DD49;DD50;DD51;DD52;DD53;DD54;DD55
	2. Standard collett formula		DD56;DD57;DD58;DD59;DD60;DD61;DD62
	3. Collett formula with Omega 3		DD63;DD64;DD65;DD66;DD67;DD68;DD69
	4. Standard NAN formula		DD70;DD71;DD72;DD73;DD74;DD75;DD76
	5. Nan HA1 formula		DD77;DD78;DD79;DD80;DD81;DD82;DD83
	6. Other milk		DD84;DD85;DD86;DD87;DD88;DD89;DD90
	7. Other milk, describe		DD91 DD853(txt.)
	8. Water		DD1079;DD1080;DD1081;DD1082;DD1083;DD1084;DD1085
	9. Squash/Juice		DD1086;DD1087;DD1088;DD1089;DD1090;DD1091;DD1092
How often do you give your child the following to drink at the moment?	1.Breast milk	Never/seldom; 1-3 times a week; 4-6 times a week; At least once	DD92

		a day	
	2.Breast milk supplement		DD93
	3.Normal sweet milk, any type		DD94
	4.Sour milk (yogurt, buttermilk, curd)		DD95
	5.Organic milk products (milk, gurt)		DD96
	6.Boiled water		DD97
	7.Tap water		DD101
	8.Bottled water		DD102
	9.Bottled baby cordial		DD103
	10.Other type of cordial, sweetened		DD104
	11.Cordial, artificially sweetened		DD105
	12.Juice		DD106
	13.Other		DD107
	14.Other, specify		DD108
			DD854 (txt.)
		<i>How often do you give this to your child?</i>	<i>How old was your child when you gave him/her this food for the first time?</i>
		1) Never/seldom; 1-3 times a week; 4-6 times a week; At least once a day	:: _____ months
<b>How often does your child eat the following food at the moment, and how old was your child when you started giving him/her this food?</b>	1.Rice porridge, maize porridge		DD109; DD110
	2.Oatmeal porridge, different types		DD111; DD112
	3.Wheat porridge, all types, rusk porridge		DD113; DD114
	4.Wheat flour (rough/fine), rusk, molina, oats		DD115; DD116
	5.Iron-enriched wheat flour		DD117; DD118
	6.Helios baby flour		DD119; DD120

	7. Millet		DD121;DD122
	8. Vegetables		DD123;DD124
	9. Vegetables and meat		DD125;DD126
	10. Potato/vegetable puree		DD127;DD128
	11. Meat and vegetables/potatoes		DD129;DD130
	12. Fish and vegetables/potatoes		DD131;DD132
	13. Other type of home-made dinner		DD133;DD134
<b>Do you think or do you know that your child has a reaction to milk/dairy products?</b>		1- No;Yes	DD144
<b>If yes, which products?</b>	Whole milk		DD145
	Low-fat milk/skimmed milk		DD146
	Cream/whipped cream/ice cream		DD147
	Yogurt/sour milk		DD148
	Breast milk when mother is nursing milk		DD149
	Other		DD150
<b>Do you give your child cod liver oil, vitamins, iron or any other dietary supplement?</b>			DD151
<b>If you give your child cod liver oil, vitamins, iron or another dietary supplement, specify how much you give your child each time and how often. How old was your child in months and weeks when you gave him/her the product;for the first time?</b>	1.Cod liver oil	<i>How many teaspoons each time?;How often do you give your child this?;How old was your child when you started giving the product?</i>	DD152;DD153;DD154;DD155
	2.Biovit		DD156;DD157;DD158;DD159
	3.Sanasol		DD160;DD161;DD162;DD163
	4.Nycoplus Multi-Vitamin mixture for children		DD164;DD165;DD166;DD167
	5.Fluoride		DD168;DD169;DD170
	6. Iron supplement		DD171;DD172;DD173
	Iron supplement, specify_		DD174 0856(txt.)

	7. Other dietary supplement		DD175;DD176;DD177
	Other dietary supplement, specify		DD178 DD857(txt.)
How many times have you been to the other and child health centre with your child?		1) Never;1-2 times;3-5 times;6-10 times;More than 10 times	;DD179
Has your child been given the vaccinations recommended by the health centre?		1) Yes;No, don't want vaccination;The child has been ill;No, vaccination postponed for practical reasons;Don't know	;DD180
Referring to your child's health card, enter a cross for the vaccinations which your child has received and;whether the vaccinations had any side-effect.	1.DTP(infanrix)	Has your child;received the vaccination?	DD186;DD187
	2.DT (diphtheria/tetanus)	Was there any;side-effect after the vaccination?	DD190;DD191
	3.Polio-Hib(Act-Hib polio)	Has your child;received the vaccination?	DD194;DD195
	4.Hepatitis B (Engerix-B)	Was there any;side-effect after the vaccination?	DD198;DD199
	5.BCG (tuberculosis)	Has your child;received the vaccination?	DD202;DD203
	6.Pneumococcus (Prevenar)	Was there any;side-effect after the vaccination?	DD1105;DD1106
	7. Other vaccination	Has your child;received the vaccination?	DD206;DD207
	Other vaccination, specify		
Referring to your child's health card, enter below your child's weight, length and head circumference when;he/she was found 6 weeks, 3 months and 6 months.	Approx.. 6 weeks	Date of examination;Length;Head circumference;Weight	ALDER6UK_SJEKK;DD213;DD214;DD212
	Approx. 3 months		ALDER6UK_SJEKK;DD219;DD220;DD218
	5-6 months		ALDER6UK_SJEKK;DD225;DD226;DD224
	;;;;;In versions B, F, G, H		Has (had) problem?;Been referred for a;specialist investigation?
Does your child have or has he/she had	1.Hip disorder/dislocated hip		DD227;DD228

any of the following health problems? If yes, has the mother and childhealth centre or someone else referred your child for further specialist investigation?			
	2.Impaired hearing		DD229;DD230
	3.Impaired vision		DD231;DD232
	4.Delayed motor development (gross movement development)		DD233;DD234
	5.Too little weight gain		DD235;DD236
	6.Too much weight gain		DD237;DD238
	7.Abnormal head circumference		DD239;DD240
	8.Heart defect		DD241;DD242
	9.Testicles not descended into scrotum		DD243;DD244
	10.Asthma		DD245;DD246
	11.Atopic eczema (childhood eczema)		DD247;DD248
	12.Hives		DD249;DD250
	13.Food allergy/intolerance		DD251;DD252
	14.Delayed psychomotor development (several functions)		DD1107;DD1108
	15.(Other) malformations		DD253;DD254
	Other malformations, specify_		
	16.Other		DD256;DD257
	Other, specify		
If your child was referred for a specialist investigation, what did this investigation show?		Everything was fine;Still some doubts/further investigation needed;Don't know	;DD259
	Given the following diagnosis:		DD260 DD861(txt.)
Is your child suspected of having a syndrome or chromosomal defect?	No		DD1109
	Yes, a syndrome		DD1110
	Yes, a chromosomal defect		DD1111



	If yes, specify the name or scribethe problem		DD1112
	Description of the problem		DD1113 DD1120(txt.)
<b>Has your child been treated for a hip oblem (hip dysplasia)?</b>		No;Yes, treated with a cushion;Yes, treated with a plaster cast;Yes, treated with braces	;DD261
		If yes, how long did the treatment on for?;__months	DD262
<b>Has your child had the following ness/health problem? If yes, did you go a doctor or hospital about it?</b>	1.Common cold	Has your childhad alth;problems?;;Numberof nes;Did you go to a doctor/clinic ;this?;Been admitted tohospital?	DD263;DD264;DD265;DD266
	2.Throat infection		DD267;DD268;DD269;DD270
	3.Ear infection		DD271;DD272;DD273;DD274
	4.Pseudocroup		DD275;DD276;DD277;DD278
	5.Bronchitis/RS virus/pneumonia		DD279;DD280;DD281;DD282
	6.Gastric flu/diarrhoea		DD283;DD284;DD285;DD286
	7.Urinary tract infection		DD287;DD288;DD289;DD290
	8.Conjunctivities		DD291;DD292;DD293;DD294
	9.Febrile convulsions		DD295;DD296;DD297;DD298
	10.Other convulsions (with any ver)		DD299;DD300;DD301;DD302
	11. Colic		DD303;DD304;DD305;DD306
	12.Nappy rash		DD307;DD308;DD309;DD310
	13.Other		DD311;DD312;DD313;DD314
	1. Common cold / sore throat	<i>Has (had) your child oblem?;Did you go to a ctor/clinic for;this?;Been admitted hospital?</i>	DD928;DD929;DD930
	2. Bronchitis / RS virus		DD931;DD932;DD933
	3. Bronchitis / Pneumonia		DD934;DD935;DD936
	4. Asthma		DD937;DD938;DD939
	5. Children Eczema / atopic rmatitis		DD940;DD941;DD942

	6. Food allergy / intolerance		DD943;DD944;DD945
	7. Congenital malformation		DD946;DD947;DD948
	8. Delayed development		DD949;DD950;DD951
	9. Injuries		DD952;DD953;DD954
Have your child ever been given any medication?		1- No;Yes	DD316
If yes, give the name of the medicines and when they were given. (Include all types of medication, as well;as natural medicines, taken both on a regular and occasional basis.)	1. Name of medicine How old was your child when you gave the medicine?;Number of daysgiven in total	<1 month;1-2;months;3-months;5-6 months;Number 999	DD317 DD863_K;DD318;DD319;DD320;DD321;DD322
	2.		DD323 DD864_K;DD324;DD325;DD326;DD327;DD328
	3.		DD329 DD865_K;DD330;DD331;DD332;DD333;DD334
	4.		DD335 DD866_K;DD336;DD337;DD338;DD339;DD340
Has your child been examined at or admitted to hospital (since returning home from hospital after birth)?		1- No;Yes	DD344
		Yes, specify_	DD345 DD867 (txt.)
Has your child been operated on or does he/she have a condition requiring an operation?		1- No;Yes	DD346
		Yes, specify_	DD347;DD868 (txt.)
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.	1. When your child is lying on his/her back, does he/she play by babbling hold of his/her feet?	Yes, often;Yes, but seldom3-No, not yet;4-Don't know	DD348
	2. When your child is on his/her tummy, does he/she straighten his arms and push her whole chest up off the bed or floor?		DD349
	3. Does your child roll over from his/her back onto his/her tummy?		DD350
	4. When you "chat" to your child, does he/she try to "chat" back to you?		DD351

	5. Does your child babble and make sounds when he/she is lying on his/her own?		DD352
	6. Can you tell how your child is feeling just by listening to the sounds he/she is making; (e.g. <i>Contented, hungry, angry, in pain</i> )?		DD353
	7. Do you get a smile from your child when you just smile at him/her (without touching or tickling him/her and without holding up a toy)?		DD354
	8. When you call your child, does he/she turn towards you one of the first times you say his/her name?		DD355
	9. Does your child grab a toy you offer and then put it in his/her mouth or hold it?		DD356
	10. When your child is sitting on your lap, does he/she stretch out for a toy or something else on the table in front of you?		DD357
	11. Does your child hold onto a toy with both hands when he/she is playing with it?		DD358
<b>Where is your child cared for during the day?</b>	At home with mother/father/other family member		DD359
	At home with an unqualified childminder		DD360
	At a childminder's		DD361
	In a family creche		DD362
	In a nursery		DD363
<b>How many other children are there usually along with your child during the day?</b>		Number 0-99	DD364
<b>Does your child go to baby swimming?</b>		1- No; Yes	DD365
	If yes, indicate the number of times during the last 2 months	Number 0-99	DD366

How often is your child outside?		1) Seldom;Often, but less than hour a day;1-3 hours a day;More an 3 hours a day	;DD367
Does your child use a dummy/pacifier?		1) Seldom or never;Only when /she goes to sleep;Often;Most of e time	;DD368
How many hours in total does your child sleep per 24 hours?		1) Less than 8 hours;8-10 urs;11-13 hours;13-14 urs;More than 14 hours	;DD369
How do you put your child down when /she is going to sleep?	After the birth	On back	DD370;DD371;DD372
	At 2 months	On side	DD373;DD374;DD375
	At 4 months	On tummy	DD376;DD377;DD378
	At 6 months	On back	DD379;DD380;DD381
Does your child share a bed with s/her mother/father (at least half the ght)?	After the birth	1) No;Sometimes;Often	DD382
	At 2 months		DD383
	At 4 months		DD384
	At 6 months		DD385
Say whether you agree or disagree with e following statements about the child's ood and temperament.Think about how /she usually is.	The child cries and complains a	1- Completely sagree;Disagree;Disagree mewhat;Indifferent;Agree mewhat;Agree;Agree completely	DD386
	The child is easy to calm when /she cries		DD387
	The child is easily upset		DD388
	When the baby cries, he/she ually cries loudly and vigorously		DD389
	The child is easy to handle		DD390
	The child requires a lot of ention		DD391
	When left alone, he/she usually ys alone and is contented		DD392

	The child is so demanding that would represent a considerable problem for most parents		DD393
	The child smiles and laughs frequently		DD394
	The child is easy to put to bed, and falls asleep quickly		DD395
Currently how often does your child usually wake up during the night?		1) 3 or more times every night; Once or twice every night; A few times a week; Seldom or never	;DD396
			DD397
Did you go to your doctor/midwife/health visitor for your own health problems during the first month after the birth?		1- No; Yes	DD401
		Yes, _____ times	DD402
If yes, what was the reason for this?		Perineal wounds/stitches	DD403
		Caesarean section wound	DD404
		Mastitis	DD405
		Sore nipples	DD406
		Breastfeeding problems	DD407
		Other	DD408
		Other, specify _____	DD409 DD869 (txt.)
When you think back to the time just after the birth, did you feel depressed during that period?		1- No; Yes	DD410
		Yes, _____ weeks	DD411
Apart from being in hospital for the birth, have you been admitted to hospital since you completed the previous questionnaire?		1- No; Yes	DD412
		Yes, specify hospital _____	DD413 DD870 (txt.)
Do you have a chronic/long-term illness which has started since you completed the previous questionnaire?		1- No; Yes	DD414

		Yes, specify _____	DD415 DD871 (txt.)
Overall, how would you describe your physical health at the moment?		3- 1-Very good2-Poor;Very poor	;DD416
	;Illness/problems	Have you suffered from...?	If you have taken medication...
Have you had any of the following problems/illnesses since you completed the previous questionnaire? If yes, are you taking or have you taken medication for these problems?	1.Sugar in urine	;No; Yes, last part during pregnancy; Yes, after the birth;Name of medication taken;Last part of this pregnancy;0-3 mth after the birth	DD417;DD418;DD419;DD420 DD872_K;DD421;DD422;DD423;DD424
	2.Protein in urine		DD425;DD426;DD427;DD428 DD873_K;DD429;DD430;DD431;DD432
	3.High bloodpressure		DD433;DD434;DD435;DD436 DD874_K;DD437;DD438;DD439;DD440
	4.Swelling (oedema)		DD441;DD442;DD443;DD444 DD875_K;DD445;DD446;DD447;DD448
	5.Cystitis		DD449;DD450;DD451;DD452 DD876_K;DD453;DD454;DD455;DD456
	6.Sluggish bowels/constipation		DD457;DD458;DD459;DD460 DD877_K;DD461;DD462;DD463;DD464
	7.Diarrhoea/vomiting		DD465;DD466;DD467;DD468 DD878_K;DD469;DD470;DD471;DD472
	8.Heartburn/acidity		DD473;DD474;DD475;DD476 DD879_K;DD477;DD478;DD479;DD480
	9.Common cold;/influenza		DD481;DD482;DD483;DD484 DD880_K;DD485;DD486;DD487;DD488
	10.Sore throat;/sinusitis/ear infection		;DD489;DD490;DD491;DD492 DD881_K;DD493;;DD494;;DD495;;DD496
	11.Pneumonia/bronchitis		DD497;DD498;DD499;DD500 DD882_K;DD501;DD502;DD503;DD504
	12.Asthma		DD505;DD506;DD507;DD508 DD883_K;DD509;DD510;DD511;DD512
	13.Hay fever/other allergy		DD513;DD514;DD515;DD516 DD884_K;DD517;DD518;DD519;DD520
	14.Headache/other pains		DD521;DD522;DD523;DD524 DD885_K;DD525;DD526;DD527;DD528

	15.Vaginitis		DD529;DD530;DD531;DD532 DD886_K;DD533;DD534;DD535;DD536
	16.Mental healthproblems		DD537;DD538;DD539;DD540 DD887_K;DD541;DD542;DD543;DD544
	17.Mastitis		DD545;DD546;DD547;DD548 DD888_K;DD549;DD550;DD551;DD552
	18.Fever		DD553;DD554;DD555;DD556 DD889_K;DD557;DD558;DD559;DD560
	19.Other		DD561;DD562;DD563;DD564 DD890_K;DD565;DD566;DD567;DD568
<b>Have you taken medicines other than those mentioned in Question 53?</b>		1- No;Yes	DD570
<b>If yes, give the name of the medicines and when you took them.</b>	Name ofmedicine ; <i>Taken during pregnancy;0-3 months after the birth;4-6 months after the birth</i>	1.	DD571 DD892_K;DD572;DD573;DD574;DD575;DD576;DD577
		2.	DD578 DD893_K;DD579;DD580;DD581;DD582;DD583;DD584
		3.	DD585 DD894_K;DD586;DD587;DD588;DD589;DD590;DD591
<b>Do you take or have you taken cod liver oil, vitamins or other dietary supplements since the previous questionnaire?</b>		1- No;Yes	DD570
<b>If yes, which product, when did you take it and how often?</b>	<i>;Name ofmedicine ;When did you take the product?;How often? ;Last part of;pregnancy;0-3 months;after the birth;4-6 months after;the birth;Taken daily;Taken;sometimes</i>	1.	DD593 DD895_K;DD594;DD595;DD596;DD597;DD598
		2.	DD599 DD896_K;DD600;DD601;DD602;DD603;DD604
		3.	DD605 DD897_K;DD606;DD607;DD608;DD609;DD610
<b>Have you experienced any pain in your back or pelvis since you completed the previous questionnaire?</b>		1- No;Yes	DD614
	<b>;;Where was the pain?</b>		<i>Last part of;pregnancy;0-3 months;after the birth;4-6 months;after the birth</i>

			1-Some pain2-Major pain;1-Some pain2-Major pain;1-Some pain2-Major pain
<b>If yes, enter a cross to indicate where you have experienced pain, when and how much.</b>	Small of the back		DD615;DD616;DD617
	One of the pelvic/ sacroiliac joints at the back		DD618;DD619;DD620
	Both pelvic/ sacroiliac joints at the back		DD621;DD622;DD623
	Over the coccygeal bone		DD624;DD625;DD626
	In the buttocks		DD627;DD628;DD629
	Over the pubic bone		DD630;DD631;DD632
	Groin		DD633;DD634;DD635
	Other back pains		DD636;DD637;DD638
<b>Currently, do you wake up at night because of pelvic pain?</b>		1- No, never;Yes, but only sometimes3-Yes, often	DD639
<b>Do you have such problems walking at the moment due to pelvic pain that you have to use a stick or crutches?</b>		1- No, never;Yes, but not every day3-Yes, every day	DD640
<b>Have you ever received treatment for pelvic pain?</b>		1- No;Yes	DD641
			<i>Before this pregnancy;During this pregnancy;After this birth</i>
<b>If yes, enter a cross to indicate the type of treatment and when it was.</b>	Physiotherapy		DD642;DD643;DD644
	Chiropractic		DD645;DD646;DD647
	Medication		DD648;DD649;DD650
	Other		DD651;DD652;DD653
	Other, specify		DD654 DD898 (txt.)
<b>How long was it before you resumed sexual intercourse after the birth?</b>	_____Weeks;Have not had sexual intercourse	Number 0-99	DD655DD656
		<i>How often?</i>	<i>How much at a</i>



		1) Never	<i>Time?</i>
		2) 1-4 times a month	
		3) 1-6 times a week	1-Drops
		4) Once a day	2-Large amounts
	<i>Problem</i>	5) More than once a day	
<b>Do you have any of the following problems at the moment; if so, how often and to what extent?</b>	Incontinence when coughing, sneezing or laughing	DD657	DD658
	Incontinence during physical activity (running/jumping)	DD659	DD660
	Incontinence with a strong need to urinate	DD661	DD662
	Problems with retaining faeces	DD663	;N/A
	Problems with flatulence	DD664	
<b>How many times did you go for an ultrasound scan during your pregnancy?</b>	_____Weeks	Number 0-99	DD665
<b>Was everything OK with the ultrasound scan(s)?</b>		1- No;Yes	DD666
<b>If no, what was the problem?</b>	The baby was not growing enough		DD667
	Suspected malformation		DD668
	Suspected malformation, describe_		DD669 DD899 (txt)
	Other		DD670
	Other, specify_____		DD671 DD900 (txt)
<b>How much did you weigh at the end of your pregnancy and how much do you weigh now?</b>	At end of pregnancy	_____Kg	DD672
	Now	_____Kg	DD673
<b>Were you completely or partly on sick leave after week 30 of your pregnancy? (don't include maternity leave)</b>		1- No;Yes, partly on sick leave;Yes, completely on sick leave	DD674
		<i>Reason for sickleave</i>	<i>Sick leave during week of pregnancy;No. Of days;% sickleave</i>
			30-33;34-37;38+

<b>If you were on sick leave after week 30 of your pregnancy, complete the table below with a line for each time you were on sick leave. Give the reason and enter a cross indicating which weeks of your pregnancy you were on sick leave. Specify how many days and what percentage of the period you were on sick leave each time.</b>	Sick leave No.1	DD675 DD901(txt)	DD676;DD677;DD678;DD679;DD680
	Sick leave No.2	DD681 DD902(txt)	DD682;DD683;DD684;DD685;DD686
	Sick leave No.3	DD687 DD903(txt)	DD688;DD689;DD690;DD691;DD692
<b>Would your current financial situation allow you to cope with an unexpected bill of NOK 10,000 for a dental visit or a repair, for instance?</b>		1- No;Yes;Don't know	;DD693
<b>Have you found it difficult sometimes during the last six months to cope with running expenses for food, transport, rent, etc.?</b>		Never;Yes, but infrequently3-Yes, sometimes;4-Yes, often	;DD694
<b>Are there pets in the child's home?</b>		1- No;Yes	DD979
<b>If yes, which type(s)?</b>	1. Dog		DD696
	2. Cat		DD697
	3. Guinea pig/rabbit/hamster/ rat, etc.		DD698
	4. Budgie or other type of birds		DD699
	5. Other type of animals		DD700
	Other type of animals, specify_		DD701 DD904 (txt.)
<b>Do you have heating based on electrical heating cables under the floor in rooms where your child is?</b>		1- No;Yes	DD702
<b>If yes, in which rooms?</b>	Living room		DD703
	Kitchen		DD704
	Child's room		DD705
	Bedroom		DD706
	Hall		DD707

	Bathroom		DD708
	Other rooms		DD709
How often do you do exercises the	Abdominal muscles	1) Never	DD710
	Back muscles		DD711
	Pelvic floor muscles (muscles around the vagina, urethra, anus)		DD712
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 week	DD716
	2. Brisk walking		DD717
	3. Running/jogging/orienteering		DD718
	4. Bicycling		DD719
	5. Training studio/weight training		DD720
	6. Special gymnastics/aerobics for pregnant women		DD721
	7. Aerobics/gymnastics/dance without running and jumping		DD722
	8. Aerobics/gymnastics with		DD723
	9. Dancing (swing/rock/folk)		DD724
	10. Skiing		DD725
	11. Ball sports		DD726
	12. Swimming		DD727
	13. Riding		DD728
	14. Other		DD729
How often at the moment are you so physically active in your spare time and/or at work that you get out of breath and sweat?	Spare time	1) Never;2) Less than once a week;3) Once a week;Twice a week;3-4 times or more a week;6) 5 times a week or more	DD730
	At work		DD731
			Yourself; Your partner/husband Last 3 months during pregnancy; 0-3 months after birth; 4-6 months after birth; Last 3 months after pregnancy; 0-3 months after birth; 4-6 months after birth ;DD732;;DD733;;DD734;;DD735;;DD736;;DD737
What were your and your partner/husband's smoking habits during the last 3 months of your pregnancy and in the period after the birth?	1- Didn't smoke; Smoked sometimes 3- Smoked every day		

	If every day, number of cigarettes per day		DD738;DD739;DD740;DD741;DD742;DD743
	If sometimes, number of cigarettes a day		DD1114;DD1115;DD1116;DD1117;DD1118;DD1119
Is your child ever present in a room where someone smokes?		1- No;Yes, sometimes;Yes, several times a week;Yes, every day	DD744
		If every day, number of hours__	DD745
			No;Yes, last 3 months of pregnancy;Yes, after birth
Did you take any of the following substances during the last 3 months of your pregnancy and after the birth?	Hash		DD746;DD747;DD748
	Amphetamine		DD749;DD750;DD751
	Ecstasy		DD752;DD753;DD754
	Cocaine		DD755;DD756;DD757
	Heroin		DD758;DD759;DD760
	Other		DD761;DD762;DD763
	Other, specify_____		DD764 DD905 (txt.)
Have you taken any of the following substances during the last 3 months of your pregnancy and after the birth?	Anabolic steroids		DD765;DD766;DD767
	Testosterone products		DD768;DD769;DD770
	Growth hormones (e.g. somatotropin/somatropin)		DD771;DD772;DD773
How often did you drink alcohol during the last 3 months of your pregnancy and how often do you drink now?	Last 3 months of pregnancy	1-Roughly 6-7 times a week 2-Roughly 4-5 times a week 3-Roughly 3 times a week 4- Roughly once a week 5- Roughly 1-3 times a week 6-Less than once a month 7-Never	DD774
	0-3 months after the birth		DD775

	4-6 months after the birth		DD776
How many units of alcohol do you usually drink when you consume alcohol complete both for the;last 3 months of your pregnancy and afterwards)?	Last 3 months of pregnancy	1) 10 or more2) 7-9;3) 5-6;4) 3-5) 1-2;6) Less than 1	DD777
	0-3 months after the birth		DD778
	4-6 months after the birth		DD779
Do you have a boyfriend/husband/partner?		1- No;Yes	DD780
If yes, how well do these statements describe your relationship?	1. I have a close relationship with my spouse/partner	;1-Agree completely2-Disagree;Agree somewhat;Disagree somewhat5-Disagree;6-Disagree completely	DD784
	2. My partner and I have problems in our relationship		DD785
	3. I am very happy with our relationship		DD786
	4. My partner is generally understanding		DD787
	5. I often consider ending our relationship		DD788
	6. I am satisfied with my relationship with my partner		DD789
	7. We frequently disagree on important decisions		DD790
	8. I have been lucky in my choice of a partner		DD791
	9. We agree on how our child should be raised		DD792
	10. I believe my partner is satisfied with our relationship		DD793
In your daily life, how often do you experience the following?	1. Feel glad about something	1-Rarely or never2-Hardly ever;3-Sometimes4-Often;5-Very often	DD794
	2. Feel happy		DD795
	3. Feel joyful, like everything is going your way, everything is rosy		DD796

	4. Feel like screaming at somebody or banging on something		DD797
	5. Feel angry, irritated, annoyed		DD798
	6. Feel mad at somebody		DD799
<b>Do you agree or disagree with the following statements?</b>	1. In most ways my life is close to my ideal	6- 1- Strongly disagree; Disagree; Slightly disagree; 4- Neither agree nor disagree; 5- Slightly agree; Agree; Strongly agree	DD800
	2. The conditions of my life are excellent	7-	DD801
	3. I am satisfied with my life	8-	DD802
	4. So far I have gotten the important things I want in life		DD803
	5. If I could live my life over, I		DD804
		1- ;No;Yes	If yes;;Not too bad;Painful-difficult;Very painful-difficult
<b>Have you experienced any of the following situations since the previous questionnaire? If yes, how painful;difficult was this for you?</b>	1. Have you had problems at work or where you study?	DD805	DD806
	2. Have you had financial problems?	DD807	DD808
	3. Have you been divorced, separated or ended the relationship with your partner?	DD809	DD810
	4. Have you had any problems or conflicts with your family, friends or neighbors?	DD811	DD812
	5. Have you been seriously worried that there is something wrong with your child?	DD813	DD814
	6. Have you been seriously ill or injured?	DD815	DD816
	7. Has anyone close to you been seriously ill or injured?	DD817	DD818
	8. Have you been involved in a serious traffic accident, house fire or robbery?	DD819	DD820

	9. Have you lost someone close to you?	DD821	DD822
	10. Have you been pressurized to having sexual intercourse?	DD823	DD824
	11. Other	DD825	DD826
<b>Have you experienced any of the following feelings during the last week?</b>	1. Have blamed yourself unnecessarily when things went wrong	1-Yes, most of the time 2-Yes, some of the time 3-Not very often; 4-Yes, very often	DD827
	2. Have been anxious or worried for no good reason		DD828
	3. Have felt scared or panicky for no very good reason		DD829
	4. Have been so unhappy that you have had difficulty sleeping		DD830
	5. Have felt sad or miserable		DD831
	6. Have been so unhappy that you have been crying		DD832
<b>How do you feel about yourself?</b>	1. I have a positive attitude toward myself	1-Strongly agree 2-Agree; Disagree; Strongly disagree	DD833
	2. I feel completely useless at times		DD834
	3. I feel that I do not have much to be proud about		DD835
	4. I feel that I am a valuable person, as good as anyone else		DD836
<b>Have you been bothered by any of the following during the last two weeks?</b>	1. Feeling fearful	1-Not bothered; 2-A little bothered; 3-Quite bothered; 4-Very bothered	DD837
	2. Nervousness or shakiness inside		DD838
	3. Feeling hopeless about the future		DD839
	4. Feeling blue		DD840
	5. Worrying too much about things		DD841
	6. Feeling everything is an effort		DD842
	7. Feeling tense or keyed up		DD843
	8. Suddenly scared for no reason		DD844