

1	Date of birth?	Day		FF12
1	Date of birth?	Month		FF13
1	Date of birth?	Year		FF14
2	Marital status?		Married;Cohabitant;Single;Divorced;Separated;Widow;Other	FF15
3	How tall are you?		Number 0-999	FF333
4	How much do you weigh?		Number 0-999	FF334
5	What is the heaviest you have weighed since you were 18 years old?		Number 0-999	FF335
6	What is the lightest you have weighed since you were 18 years old?		Number 0-999	FF336
7	Have you ever dieted or limited your food intake?		No; Yes	FF337
8	If yes, how old were you the first time you dieted or limited your food intake?		Number 0-99	FF338
9	Are you the type of person who can eat as much as you want without gaining weight?		No; Yes	FF339
10	What level of education do you have? <i>Completed</i>		Secondary school; Further education 1-2 years; Further education-vocational; Further education 3 years; Higher education (University/college), <4 years; Higher education (University/college), >4 years; Other education	FF16; FF18
10	What level of education do you have? <i>Ongoing</i>		Secondary school; Further education 1-2 years; Further education-vocational; Further education 3 years; Higher education (University/college), <4 years; Higher education (University/college), >4 years;Other education	FF17; FF19
11	What is your work situation now?	Student		FF20
11	What is your work situation now?	At home		FF21
11	What is your work situation now?	Intern/apprentice		FF22
11	What is your work situation now?	Military service		FF23
11	What is your work situation now?	Unemployed/laid off		FF24
11	What is your work situation now?	Rehabilitation/disabled		FF25
11	What is your work situation now?	Employed in public sector		FF26
11	What is your work situation now?	Employed in private sector		FF27
11	What is your work situation now?	Self-employed		FF28
11	What is your work situation now?	Family member without steady income infamily company (ex. Farming, business)		FF29
11	What is your work situation now?	Other		FF30
11	What is your work situation now?	Other, describe		FF31;FF305
12	Describe the business at your place of work/service as accurately as possible (e.g. farming of grain and pigs, body shop at garage for diesel cars, insurance company, college).			FF32 FF306
13	Job title at this workplace (e.g. panel beater, foreman, lecturer, student, cleaning assistant, farmer, homemaker/at home)?			FF33 FF307
14	How many hours of paid labour do you do per week?			FF340
15	What is your and the baby's father's yearly gross income? (<i>Include child support, unemployment benefits and other allowances.</i>)		No income; Under 150.000 NOK; 151.000-199.999 NOK; 200.000-299.999 NOK;300.000-399.999 NOK; 400.000-499.999 NOK; Over 500.000 NOK;	FF341
16	In the last 12 months have you been on sick leave? Without medical certificate (self-notification)		No; Yes	FF342
	In the last 12 months have you been on sick leave? With medical certificate from doctor		No; Yes	FF343
17	If yes, how long in total?		Less than 1 week; 1-2 weeks; 2-8 weeks; More than 8 weeks	FF344
18	In the last 12 months have you been on sick leave?	Sick pay/rehabilitation money	No; Yes	FF345
18	In the last 12 months have you been on sick leave?	Benefits for vocational rehabilitation	No; Yes	FF348
18	In the last 12 months have you been on sick leave?	Disability pension/limited disability pension	No; Yes	FF351
18	In the last 12 months have you been on sick leave?	Social security payments	No; Yes	FF354
18	In the last 12 months have you been on sick leave?	Unemployment benefit	No; Yes	FF357
18	In the last 12 months have you been on sick leave?	Other benefits	No; Yes	FF360
18	In the last 12 months have you been on sick leave?	Sick pay/rehabilitation money	<i>If yes, from when?</i> Month	FF346

18	In the last 12 months have you been on sick leave?	Benefits for vocational rehabilitation	If yes, from when? Month	FF349
18	In the last 12 months have you been on sick leave?	Disability pension/limited disability pension	If yes, from when? Month	FF352
18	In the last 12 months have you been on sick leave?	Social security payments	If yes, from when? Month	FF355
18	In the last 12 months have you been on sick leave?	Unemployment benefit	If yes, from when? Month	FF358
18	In the last 12 months have you been on sick leave?	Other benefits	If yes, from when? Month	FF361
18	In the last 12 months have you been on sick leave?	Sick pay/rehabilitation money	If yes, from when? Year	FF347
18	In the last 12 months have you been on sick leave?	Benefits for vocational rehabilitation	If yes, from when? Year	FF350
18	In the last 12 months have you been on sick leave?	Disability pension/limited disability pension	If yes, from when? Year	FF353
18	In the last 12 months have you been on sick leave?	Social security payments	If yes, from when? Year	FF356
18	In the last 12 months have you been on sick leave?	Unemployment benefit	If yes, from when? Year	FF359
18	In the last 12 months have you been on sick leave?	Other benefits	If yes, from when? Year	FF362
19	Could you/your household cover an unexpected expense of 10,000 kroner in the course of a month without having to take out a loan or ask for financial help?	No; Yes; Don't know		FF363
20	Have you been in contact with any of the following substances either at work or in your leisure time during the last six months?	1. Lead vapors, lead dust, lead particles or lead alloys	Yes; No	FF34
20	Have you been in contact with any of the following substances either at work or in your leisure time during the last six months?	2. Chrome, arsenic, cadmium or combinations of these	Yes; No	FF38
20	Have you been in contact with any of the following substances either at work or in your leisure time during the last six months?	3. Gasoline or exhaust (does not apply to filling gasoline in your own car)	Yes; No	FF42
20	Have you been in contact with any of the following substances either at work or in your leisure time during the last six months?	4. Mercury vapors, mercury or work with amalgam fillings (does not apply to your own dental treatment)	Yes; No	FF46
20	Have you been in contact with any of the following substances either at work or in your leisure time during the last six months?	5. Disinfectants, vermin poisons	Yes; No	FF50
20	Have you been in contact with any of the following substances either at work or in your leisure time during the last six months?	6. Weed killers, insecticides, fungicides	Yes; No	FF54
20	Have you been in contact with any of the following substances either at work or in your leisure time during the last six months?	7. Oil-based paint	Yes; No	FF58
20	Have you been in contact with any of the following substances either at work or in your leisure time during the last six months?	8. Water-based or latex paint	Yes; No	FF62
20	Have you been in contact with any of the following substances either at work or in your leisure time during the last six months?	9. Paint thinner, paint-lacquer-glue remover or other solvents (ex. lynol, turpentine, toluene, carbon tetrachloride)	Yes; No	FF66
20	Have you been in contact with any of the following substances either at work or in your leisure time during the last six months?	10. Industrial dyes or ink	Yes; No	FF70
20	Have you been in contact with any of the following substances either at work or in your leisure time during the last six months?	11. Motor oil, lubrication oil or other types of oil	Yes; No	FF74
20	Have you been in contact with any of the following substances either at work or in your leisure time during the last six months?	12. Photographic chemicals (fixatives or developers)	Yes; No	FF78
20	Have you been in contact with any of the following substances either at work or in your leisure time during the last six months?	13. Substances used in welding	Yes; No	FF82
20	Have you been in contact with any of the following substances either at work or in your leisure time during the last six months?	14. Substances used in soldering	Yes; No	FF86
20	Have you been in contact with any of the following substances either at work or in your leisure time during the last six months?	15. Formalin/formaldehyde	Yes; No	FF90
20	Have you been in contact with any of the following substances either at work or in your leisure time during the last six months?	16. Chemotherapeutic substances/ chemotherapy treatment (does not apply to your own medical treatment)	Yes; No	FF94
20	Have you been in contact with any of the following substances either at work or in your leisure time during the last six months?	17. Chemotherapy (taken in treatment as a patient)	Yes; No	FF364
20	Have you been in contact with any of the following substances either at work or in your leisure time during the last six months?	18. Laughing gas or other anesthetic gases (does not apply to your own treatment as a patient)	Yes; No	FF98
20	Have you been in contact with any of the following substances either at work or in your leisure time during the last six months?	19. Other substances and conditions	Yes; No	FF102
20	Have you been in contact with any of the following substances either at work or in your leisure time during the last six months?	1. Lead vapors, lead dust, lead particles or lead alloys	If yes, number of days	FF35
20	Have you been in contact with any of the following substances either at work or in your leisure time during the last six months?	2. Chrome, arsenic, cadmium or combinations of these	If yes, number of days	FF39

20	Have you been in contact with any of the following substances either at work or in your leisure time during the last six months?	3. Gasoline or exhaust (does not apply to filling gasoline in your own car)	If yes, number of days	FF43
20	Have you been in contact with any of the following substances either at work or in your leisure time during the last six months?	4. Mercury vapors, mercury or work with amalgam fillings (does not apply to your own dental treatment)	If yes, number of days	FF47
20	Have you been in contact with any of the following substances either at work or in your leisure time during the last six months?	5. Disinfectants, vermin poisons	If yes, number of days	FF51
20	Have you been in contact with any of the following substances either at work or in your leisure time during the last six months?	6. Weed killers, insecticides, fungicides	If yes, number of days	FF55
20	Have you been in contact with any of the following substances either at work or in your leisure time during the last six months?	7. Oil-based paint	If yes, number of days	FF59
20	Have you been in contact with any of the following substances either at work or in your leisure time during the last six months?	8. Water-based or latex paint	If yes, number of days	FF63
20	Have you been in contact with any of the following substances either at work or in your leisure time during the last six months?	9. Paint thinner, paint-lacquer-glue remover or other solvents (ex. lymol, turpentine, toluene, carbon tetrachloride)	If yes, number of days	FF67
20	Have you been in contact with any of the following substances either at work or in your leisure time during the last six months?	10. Industrial dyes or ink	If yes, number of days	FF71
20	Have you been in contact with any of the following substances either at work or in your leisure time during the last six months?	11. Motor oil, lubrication oil or other types of oil	If yes, number of days	FF75
20	Have you been in contact with any of the following substances either at work or in your leisure time during the last six months?	12. Photographic chemicals (fixatives or developers)	If yes, number of days	FF79
20	Have you been in contact with any of the following substances either at work or in your leisure time during the last six months?	13. Substances used in welding	If yes, number of days	FF83
20	Have you been in contact with any of the following substances either at work or in your leisure time during the last six months?	14. Substances used in soldering	If yes, number of days	FF87
20	Have you been in contact with any of the following substances either at work or in your leisure time during the last six months?	15. Formalin/formaldehyde	If yes, number of days	FF91
20	Have you been in contact with any of the following substances either at work or in your leisure time during the last six months?	16. Chemotherapeutic substances/ chemotherapy treatment (does not apply to your own medical treatment)	If yes, number of days	FF95
20	Have you been in contact with any of the following substances either at work or in your leisure time during the last six months?	17. Chemotherapy (taken in treatment as a patient)	If yes, number of days	FF365
20	Have you been in contact with any of the following substances either at work or in your leisure time during the last six months?	18. Laughing gas or other anesthetic gases (does not apply to your own treatment as a patient)	If yes, number of days	FF99
20	Have you been in contact with any of the following substances either at work or in your leisure time during the last six months?	19. Other substances and conditions	If yes, number of days	FF103
20	Have you been in contact with any of the following substances either at work or in your leisure time during the last six months?	1. Lead vapors, lead dust, lead particles or lead alloys	Fill in if you have used a extractor fan or breathing protection	FF36
20	Have you been in contact with any of the following substances either at work or in your leisure time during the last six months?	2. Chrome, arsenic, cadmium or combinations of these	Fill in if you have used a extractor fan or breathing protection	FF40
20	Have you been in contact with any of the following substances either at work or in your leisure time during the last six months?	3. Gasoline or exhaust (does not apply to filling gasoline in your own car)	Fill in if you have used a extractor fan or breathing protection	FF44
20	Have you been in contact with any of the following substances either at work or in your leisure time during the last six months?	4. Mercury vapors, mercury or work with amalgam fillings (does not apply to your own dental treatment)	Fill in if you have used a extractor fan or breathing protection	FF48
20	Have you been in contact with any of the following substances either at work or in your leisure time during the last six months?	5. Disinfectants, vermin poisons	Fill in if you have used a extractor fan or breathing protection	FF52
20	Have you been in contact with any of the following substances either at work or in your leisure time during the last six months?	6. Weed killers, insecticides, fungicides	Fill in if you have used a extractor fan or breathing protection	FF56
20	Have you been in contact with any of the following substances either at work or in your leisure time during the last six months?	7. Oil-based paint	Fill in if you have used a extractor fan or breathing protection	FF60
20	Have you been in contact with any of the following substances either at work or in your leisure time during the last six months?	8. Water-based or latex paint	Fill in if you have used a extractor fan or breathing protection	FF64
20	Have you been in contact with any of the following substances either at work or in your leisure time during the last six months?	9. Paint thinner, paint-lacquer-glue remover or other solvents (ex. lymol, turpentine, toluene, carbon tetrachloride)	Fill in if you have used a extractor fan or breathing protection	FF68
20	Have you been in contact with any of the following substances either at work or in your leisure time during the last six months?	10. Industrial dyes or ink	Fill in if you have used a extractor fan or breathing protection	FF72
20	Have you been in contact with any of the following substances either at work or in your leisure time during the last six months?	11. Motor oil, lubrication oil or other types of oil	Fill in if you have used a extractor fan or breathing protection	FF76
20	Have you been in contact with any of the following substances either at work or in your leisure time during the last six months?	12. Photographic chemicals (fixatives or developers)	Fill in if you have used a extractor fan or breathing protection	FF80
20	Have you been in contact with any of the following substances either at work or in your leisure time during the last six months?	13. Substances used in welding	Fill in if you have used a extractor fan or breathing protection	FF84
20	Have you been in contact with any of the following substances either at work or in your leisure time during the last six months?	14. Substances used in soldering	Fill in if you have used a extractor fan or breathing protection	FF88
20	Have you been in contact with any of the following substances either at work or in your leisure time during the last six months?	15. Formalin/formaldehyde	Fill in if you have used a extractor fan or breathing protection	FF92

20	Have you been in contact with any of the following substances either at work or in your leisure time during the last six months?	16. Chemotherapeutic substances/ chemotherapy treatment (does not apply to your own medical treatment)	Fill in if you have used a extractor fan or breathing protection	FF96
20	Have you been in contact with any of the following substances either at work or in your leisure time during the last six months?	17. Chemotherapy (taken in treatment as a patient)	Fill in if you have used a extractor fan or breathing protection	FF366
20	Have you been in contact with any of the following substances either at work or in your leisure time during the last six months?	18. Laughing gas or other anesthetic gases (does not apply to you own treatment as a patient)	Fill in if you have used a extractor fan or breathing protection	FF100
20	Have you been in contact with any of the following substances either at work or in your leisure time during the last six months?	19. Other substances and conditions	Fill in if you have used a extractor fan or breathing protection	FF104
20	Have you been in contact with any of the following substances either at work or in your leisure time during the last six months?	1. Lead vapors, lead dust, lead particles or lead alloys	Fill in if you have used protective gloves	FF37
20	Have you been in contact with any of the following substances either at work or in your leisure time during the last six months?	2. Chrome, arsenic, cadmium or combinations of these	Fill in if you have used protective gloves	FF41
20	Have you been in contact with any of the following substances either at work or in your leisure time during the last six months?	3. Gasoline or exhaust (does not apply to filling gasoline in your own car)	Fill in if you have used protective gloves	FF45
20	Have you been in contact with any of the following substances either at work or in your leisure time during the last six months?	4. Mercury vapors, mercury or work with amalgam fillings (does not apply to your own dental treatment)	Fill in if you have used protective gloves	FF49
20	Have you been in contact with any of the following substances either at work or in your leisure time during the last six months?	5. Disinfectants, vermin poisons	Fill in if you have used protective gloves	FF53
20	Have you been in contact with any of the following substances either at work or in your leisure time during the last six months?	6. Weed killers, insecticides, fungicides	Fill in if you have used protective gloves	FF57
20	Have you been in contact with any of the following substances either at work or in your leisure time during the last six months?	7. Oil-based paint	Fill in if you have used protective gloves	FF61
20	Have you been in contact with any of the following substances either at work or in your leisure time during the last six months?	8. Water-based or latex paint	Fill in if you have used protective gloves	FF65
20	Have you been in contact with any of the following substances either at work or in your leisure time during the last six months?	9. Paint thinner, paint-lacquer-glue remover or other solvents (ex. lynol, turpentine, toluene, carbon tetrachloride)	Fill in if you have used protective gloves	FF69
20	Have you been in contact with any of the following substances either at work or in your leisure time during the last six months?	10. Industrial dyes or ink	Fill in if you have used protective gloves	FF73
20	Have you been in contact with any of the following substances either at work or in your leisure time during the last six months?	11. Motor oil, lubrication oil or other types of oil	Fill in if you have used protective gloves	FF77
20	Have you been in contact with any of the following substances either at work or in your leisure time during the last six months?	12. Photographic chemicals (fixatives or developers)	Fill in if you have used protective gloves	FF81
20	Have you been in contact with any of the following substances either at work or in your leisure time during the last six months?	13. Substances used in welding	Fill in if you have used protective gloves	FF85
20	Have you been in contact with any of the following substances either at work or in your leisure time during the last six months?	14. Substances used in soldering	Fill in if you have used protective gloves	FF89
20	Have you been in contact with any of the following substances either at work or in your leisure time during the last six months?	15. Formalin/formaldehyde	Fill in if you have used protective gloves	FF93
20	Have you been in contact with any of the following substances either at work or in your leisure time during the last six months?	16. Chemotherapeutic substances/ chemotherapy treatment (does not apply to your own medical treatment)	Fill in if you have used protective gloves	FF97
20	Have you been in contact with any of the following substances either at work or in your leisure time during the last six months?	17. Chemotherapy (taken in treatment as a patient)	Fill in if you have used protective gloves	FF367
20	Have you been in contact with any of the following substances either at work or in your leisure time during the last six months?	18. Laughing gas or other anesthetic gases (does not apply to you own treatment as a patient)	Fill in if you have used protective gloves	FF101
20	Have you been in contact with any of the following substances either at work or in your leisure time during the last six months?	19. Other substances and conditions	Fill in if you have used protective gloves	FF105
21	How often have you worked with radio transmitters or radar in the last six months before your partner became pregnant?		Seldom/never; A few times a week; Daily; On average more than an hour per day	FF110
22	How often have you worked with x-ray equipment (at a distance of less than two metres) after you became pregnant? (<i>This does not include treatment as a patient</i>)		Seldom/never; A few times a week; Daily; On average more than an hour per day	FF112
23	Do you use a mobile phone?		No; Yes	FF369
24	If yes, how old were you when you got your first mobile phone?		Number 0-99	FF370
25	Do you use 'hands-free'?		Seldom/never; Only for longer conversations; As a rule	FF371
26	If/when you use 'hands-free', where is the phone usually during the conversation?		In front trouser pocket; On a belt in front of the body; Other places on the body; Away from the body	FF372
27	How often did you talk on a mobile phone in the six months before your partner became pregnant?		Less than once a week; 1-2 times per week; 3-6 times per week; 1-4 times per day; More than 5 times per day	FF552
28	How long on average do you talk in total on the days you use your mobile phone?		Less than 1 minute; 1-10 minutes; 11-30 minutes; 31-60 minutes; More than 60 minutes	FF373
29	How often do you work with a computer, laser printer or copying machine (at a distance of less than two metres) in the six months before your partner became pregnant?	Computer monitor	Never; A few times a week; Daily; On average more than 1 hour per day	FF113
29	How often do you work with a computer, laser printer or copying machine (at a distance of less than two metres) in the six months before your partner became pregnant?	Laser printer	Never; A few times a week; Daily; On average more than 1 hour per day	FF114

29	How often do you work with a computer, laser printer or copying machine (at a distance of less than two metres) in the six months before your partner became pregnant?	Copying machine	Never; A few times a week; Daily; On average more than 1 hour per day	FF115
30	Do you have, or have you had any of the following illnesses or health problems?	1. Hay fever, pollen allergy	If yes, tick	FF116
30	Do you have, or have you had any of the following illnesses or health problems?	2. Urticaria (hives)	If yes, tick	FF119
30	Do you have, or have you had any of the following illnesses or health problems?	3. Asthma	If yes, tick	FF122
30	Do you have, or have you had any of the following illnesses or health problems?	4. Atopic dermatitis(childhood eczema)	If yes, tick	FF125
30	Do you have, or have you had any of the following illnesses or health problems?	5. Psoriasis	If yes, tick	FF128
30	Do you have, or have you had any of the following illnesses or health problems?	6. Other eczema/skinproblem	If yes, tick	FF131
30	Do you have, or have you had any of the following illnesses or health problems?	7. Chlamydia	If yes, tick	FF374
30	Do you have, or have you had any of the following illnesses or health problems?	8. Herpes	If yes, tick	FF377
30	Do you have, or have you had any of the following illnesses or health problems?	9. Genital warts	If yes, tick	FF380
30	Do you have, or have you had any of the following illnesses or health problems?	10. Gonorrhea	If yes, tick	FF383
30	Do you have, or have you had any of the following illnesses or health problems?	11. Migraine	If yes, tick	FF134
30	Do you have, or have you had any of the following illnesses or health problems?	12. Other frequentheadaches	If yes, tick	FF137
30	Do you have, or have you had any of the following illnesses or health problems?	13. Constant aches or discomfort in the upperabdomen	If yes, tick	FF140
30	Do you have, or have you had any of the following illnesses or health problems?	14. Crohn's disease/ulcerative colitis(diarrhea, constipation intermittent pain)	If yes, tick	FF143
30	Do you have, or have you had any of the following illnesses or health problems?	15. Sleep problems	If yes, tick	FF146
30	Do you have, or have you had any of the following illnesses or health problems?	16. Diabetes	If yes, tick	FF149
30	Do you have, or have you had any of the following illnesses or health problems?	17. Cancer	If yes, tick	FF152
30	Do you have, or have you had any of the following illnesses or health problems?	18. Cardiovascular disease	If yes, tick	FF155
30	Do you have, or have you had any of the following illnesses or health problems?	19. Epilepsy	If yes, tick	FF158
30	Do you have, or have you had any of the following illnesses or health problems?	20. Repeated neck andshoulder pain	If yes, tick	FF161
30	Do you have, or have you had any of the following illnesses or health problems?	21. Lower back pain	If yes, tick	FF164
30	Do you have, or have you had any of the following illnesses or health problems?	22. Prolonged muscle pain	If yes, tick	FF167
30	Do you have, or have you had any of the following illnesses or health problems?	23. Bechterew's disease/rheumatoid arthritis	If yes, tick	FF170
30	Do you have, or have you had any of the following illnesses or health problems?	24. High blood pressure	If yes, tick	FF173
30	Do you have, or have you had any of the following illnesses or health problems?	25. ADHD	If yes, tick	FF386
30	Do you have, or have you had any of the following illnesses or health problems?	26. Anorexia/bulimia/eatingdisorders	If yes, tick	FF389
30	Do you have, or have you had any of the following illnesses or health problems?	27. Manic depressive illness	If yes, tick	FF392
30	Do you have, or have you had any of the following illnesses or health problems?	28. Schizophrenia	If yes, tick	FF395
30	Do you have, or have you had any of the following illnesses or health problems?	29. Other long-term mental illnesses or health problems	If yes, tick	FF398
30	Do you have, or have you had any of the following illnesses or health problems?	30. Other long-term physicalillnesses or health problems	If yes, tick	FF179
30	Do you have, or have you had any of the following illnesses or health problems?	1. Hay fever, pollen allergy	If yes, how old were you at thefirst sign of illness/problem	FF117
30	Do you have, or have you had any of the following illnesses or health problems?	2. Urticaria (hives)	If yes, how old were you at thefirst sign of illness/problem	FF120
30	Do you have, or have you had any of the following illnesses or health problems?	3. Asthma	If yes, how old were you at thefirst sign of illness/problem	FF123
30	Do you have, or have you had any of the following illnesses or health problems?	4. Atopic dermatitis(childhood eczema)	If yes, how old were you at thefirst sign of illness/problem	FF126
30	Do you have, or have you had any of the following illnesses or health problems?	5. Psoriasis	If yes, how old were you at thefirst sign of illness/problem	FF129
30	Do you have, or have you had any of the following illnesses or health problems?	6. Other eczema/skinproblem	If yes, how old were you at thefirst sign of illness/problem	FF132
30	Do you have, or have you had any of the following illnesses or health problems?	7. Chlamydia	If yes, how old were you at thefirst sign of illness/problem	FF375
30	Do you have, or have you had any of the following illnesses or health problems?	8. Herpes	If yes, how old were you at thefirst sign of illness/problem	FF378
30	Do you have, or have you had any of the following illnesses or health problems?	9. Genital warts	If yes, how old were you at thefirst sign of illness/problem	FF381
30	Do you have, or have you had any of the following illnesses or health problems?	10. Gonorrhea	If yes, how old were you at thefirst sign of illness/problem	FF384

30	Do you have, or have you had any of the following illnesses or health problems?	11. Migraine	If yes, how old were you at the first sign of illness/problem	FF135
30	Do you have, or have you had any of the following illnesses or health problems?	12. Other frequent headaches	If yes, how old were you at the first sign of illness/problem	FF138
30	Do you have, or have you had any of the following illnesses or health problems?	13. Constant aches or discomfort in the upper abdomen	If yes, how old were you at the first sign of illness/problem	FF141
30	Do you have, or have you had any of the following illnesses or health problems?	14. Crohn's disease/ulcerative colitis (diarrhea, constipation, intermittent pain)	If yes, how old were you at the first sign of illness/problem	FF144
30	Do you have, or have you had any of the following illnesses or health problems?	15. Sleep problems	If yes, how old were you at the first sign of illness/problem	FF147
30	Do you have, or have you had any of the following illnesses or health problems?	16. Diabetes	If yes, how old were you at the first sign of illness/problem	FF150
30	Do you have, or have you had any of the following illnesses or health problems?	17. Cancer	If yes, how old were you at the first sign of illness/problem	FF153
30	Do you have, or have you had any of the following illnesses or health problems?	18. Cardiovascular disease	If yes, how old were you at the first sign of illness/problem	FF156
30	Do you have, or have you had any of the following illnesses or health problems?	19. Epilepsy	If yes, how old were you at the first sign of illness/problem	FF159
30	Do you have, or have you had any of the following illnesses or health problems?	20. Repeated neck and shoulder pain	If yes, how old were you at the first sign of illness/problem	FF162
30	Do you have, or have you had any of the following illnesses or health problems?	21. Lower back pain	If yes, how old were you at the first sign of illness/problem	FF165
30	Do you have, or have you had any of the following illnesses or health problems?	22. Prolonged muscle pain	If yes, how old were you at the first sign of illness/problem	FF168
30	Do you have, or have you had any of the following illnesses or health problems?	23. Bechterew's disease/rheumatoid arthritis	If yes, how old were you at the first sign of illness/problem	FF171
30	Do you have, or have you had any of the following illnesses or health problems?	24. High blood pressure	If yes, how old were you at the first sign of illness/problem	FF174
30	Do you have, or have you had any of the following illnesses or health problems?	25. ADHD	If yes, how old were you at the first sign of illness/problem	FF387
30	Do you have, or have you had any of the following illnesses or health problems?	26. Anorexia/bulimia/eating disorders	If yes, how old were you at the first sign of illness/problem	FF390
30	Do you have, or have you had any of the following illnesses or health problems?	27. Manic depressive illness	If yes, how old were you at the first sign of illness/problem	FF393
30	Do you have, or have you had any of the following illnesses or health problems?	28. Schizophrenia	If yes, how old were you at the first sign of illness/problem	FF386
30	Do you have, or have you had any of the following illnesses or health problems?	29. Other long-term mental illnesses or health problems	If yes, how old were you at the first sign of illness/problem	FF399
30	Do you have, or have you had any of the following illnesses or health problems?	30. Other long-term physical illnesses or health problems	If yes, how old were you at the first sign of illness/problem	FF180
30	Do you have, or have you had any of the following illnesses or health problems?	1. Hay fever, pollen allergy	If you became well or the problem stopped, at what age did this happen?	FF118
30	Do you have, or have you had any of the following illnesses or health problems?	2. Urticaria (hives)	If you became well or the problem stopped, at what age did this happen?	FF121
30	Do you have, or have you had any of the following illnesses or health problems?	3. Asthma	If you became well or the problem stopped, at what age did this happen?	FF124
30	Do you have, or have you had any of the following illnesses or health problems?	4. Atopic dermatitis (childhood eczema)	If you became well or the problem stopped, at what age did this happen?	FF127
30	Do you have, or have you had any of the following illnesses or health problems?	5. Psoriasis	If you became well or the problem stopped, at what age did this happen?	FF130
30	Do you have, or have you had any of the following illnesses or health problems?	6. Other eczema/skin problem	If you became well or the problem stopped, at what age did this happen?	FF133
30	Do you have, or have you had any of the following illnesses or health problems?	7. Chlamydia	If you became well or the problem stopped, at what age did this happen?	FF376
30	Do you have, or have you had any of the following illnesses or health problems?	8. Herpes	If you became well or the problem stopped, at what age did this happen?	FF379
30	Do you have, or have you had any of the following illnesses or health problems?	9. Genital warts	If you became well or the problem stopped, at what age did this happen?	FF382
30	Do you have, or have you had any of the following illnesses or health problems?	10. Gonorrhea	If you became well or the problem stopped, at what age did this happen?	FF385
30	Do you have, or have you had any of the following illnesses or health problems?	11. Migraine	If you became well or the problem stopped, at what age did this happen?	FF136
30	Do you have, or have you had any of the following illnesses or health problems?	12. Other frequent headaches	If you became well or the problem stopped, at what age did this happen?	FF139

			this happen?	
30	Do you have, or have you had any of the following illnesses or health problems?	13. Constant aches or discomfort in the upperabdomen	If you became well or the problem stopped,at what age did this happen?	FF142
30	Do you have, or have you had any of the following illnesses or health problems?	14. Crohn's disease/ulcerative colitis(diarrohea, constipation intermittent pain)	If you became well or the problem stopped,at what age did this happen?	FF145
30	Do you have, or have you had any of the following illnesses or health problems?	15. Sleep problems	If you became well or the problem stopped,at what age did this happen?	FF148
30	Do you have, or have you had any of the following illnesses or health problems?	16. Diabetes	If you became well or the problem stopped,at what age did this happen?	FF151
30	Do you have, or have you had any of the following illnesses or health problems?	17. Cancer	If you became well or the problem stopped,at what age did this happen?	FF154
30	Do you have, or have you had any of the following illnesses or health problems?	18. Cardiovascular disease	If you became well or the problem stopped,at what age did this happen?	FF157
30	Do you have, or have you had any of the following illnesses or health problems?	19. Epilepsy	If you became well or the problem stopped,at what age did this happen?	FF160
30	Do you have, or have you had any of the following illnesses or health problems?	20. Repeated neck andshoulder pain	If you became well or the problem stopped,at what age did this happen?	FF163
30	Do you have, or have you had any of the following illnesses or health problems?	21. Lower back pain	If you became well or the problem stopped,at what age did this happen?	FF166
30	Do you have, or have you had any of the following illnesses or health problems?	22. Prolonged muscle pain	If you became well or the problem stopped,at what age did this happen?	FF169
30	Do you have, or have you had any of the following illnesses or health problems?	23. Bechterew's disease/rheumatoid arthritis	If you became well or the problem stopped,at what age did this happen?	FF172
30	Do you have, or have you had any of the following illnesses or health problems?	24. High blood pressure	If you became well or the problem stopped,at what age did this happen?	FF175
30	Do you have, or have you had any of the following illnesses or health problems?	25. ADHD	If you became well or the problem stopped,at what age did this happen?	FF388
30	Do you have, or have you had any of the following illnesses or health problems?	26. Anorexia/bulimia/eatingdisorders	If you became well or the problem stopped,at what age did this happen?	FF391
30	Do you have, or have you had any of the following illnesses or health problems?	27. Manic depressive illness	If you became well or the problem stopped,at what age did this happen?	FF394
30	Do you have, or have you had any of the following illnesses or health problems?	28. Schizophrenia	If you became well or the problem stopped,at what age did this happen?	FF397
30	Do you have, or have you had any of the following illnesses or health problems?	29. Other long-term mental illnesses or health problems	If you became well or the problem stopped,at what age did this happen?	FF400
30	Do you have, or have you had any of the following illnesses or health problems?	30. Other long-term physicalillnesses or health problems	If you became well or the problem stopped,at what age did this happen?	FF181
30	Do you have, or have you had any of the following illnesses or health problems?	If other long-term illnesses, describe:		FF182, FF309
31	Do you have a congenital deformity/ birth defect?	No; Yes		FF198
32	If yes, which?	No; Yes		FF199 FF319
33	Did you use medicines in the 6 months before your partner became pregnant?	No; Yes		FF183
34	If yes, please give the name of the medicines.	Medicine 1.	Name of medicine	FF184 FF310 FF310_K
34	If yes, please give the name of the medicines.	Medicine 2.	Name of medicine	FF186 FF311 FF311_K
34	If yes, please give the name of the medicines.	Medicine 3.	Name of medicine	FF186 FF312 FF312_K
34	If yes, please give the name of the medicines.	Medicine 4.	Name of medicine	FF190 FF313 FF313_K
34	If yes, please give the name of the medicines.	How long did you usethe medicine (1)?	Less than 1 week;1 week to 1 month; More than 1 month	FF185
34	If yes, please give the name of the medicines.	How long did you usethe medicine (2) ?	Less than 1 week;1 week to 1 month; More than 1 month	FF187
34	If yes, please give the name of the medicines.	How long did you usethe medicine (3) ?	Less than 1 week;1 week to 1 month; More than 1 month	FF189
34	If yes, please give the name of the medicines.	How long did you usethe medicine(4)?	Less than 1 week;1 week to 1 month; More than 1 month	FF191

35	Did you have any X-rays taken in the 6 months before your partner became pregnant?	No; Yes		FF200
36	If yes, what were the X-rays taken of, and how many times.	Teeth	<i>X-rays taken of...</i>	FF201
36	If yes, what were the X-rays taken of, and how many times.	Lungs	<i>X-rays taken of...</i>	FF203
36	If yes, what were the X-rays taken of, and how many times.	Pelvis/stomach/back	<i>X-rays taken of...</i>	FF205
36	If yes, what were the X-rays taken of, and how many times.	Arms and legs	<i>X-rays taken of...</i>	FF207
36	If yes, what were the X-rays taken of, and how many times.	Other	<i>X-rays taken of...</i>	FF209
36	If yes, what were the X-rays taken of, and how many times.	Teeth	<i>Number of times</i>	FF202
36	If yes, what were the X-rays taken of, and how many times.	Lungs	<i>Number of times</i>	FF204
36	If yes, what were the X-rays taken of, and how many times.	Pelvis/stomach/back	<i>Number of times</i>	FF206
36	If yes, what were the X-rays taken of, and how many times.	Arms and legs	<i>Number of times</i>	FF208
36	If yes, what were the X-rays taken of, and how many times.	Other	<i>Number of times</i>	FF210
37	How many children do you have from before?	Number 0-99		FF401
38	How many of these are with your present partner?	Number 0-99		FF402
39	How many slices of bread/crispbread/crackers do you eat on average every day? (Combine all meals)	1. White bread (baguettes, ciabatta etc.)	Number 0-99	FF403
39	How many slices of bread/crispbread/crackers do you eat on average every day? (Combine all meals)	2. Medium coarse-grain bread (incl. rolls)	Number 0-99	FF404
39	How many slices of bread/crispbread/crackers do you eat on average every day? (Combine all meals)	3. Coarse-grain bread	Number 0-99	FF405
39	How many slices of bread/crispbread/crackers do you eat on average every day? (Combine all meals)	4. Crispbread/biscuits	Number 0-99	FF406
40	Do you use butter, margarine or oil on bread?		No, almost never; Yes, sometimes; Yes, daily	FF407
41	How often do you add these to bread?	1. Reduced fat cheese	Seldom/never; 1-2 times per week; 3-4 times per week; 5-7 times per week; Several times per day	FF408
41	How often do you add these to bread?	2. Regular cheese (yellow/brown)	Seldom/never; 1-2 times per week; 3-4 times per week; 5-7 times per week; Several times per day	FF409
41	How often do you add these to bread?	3. Prawns/Italian salad or similar	Seldom/never; 1-2 times per week; 3-4 times per week; 5-7 times per week; Several times per day	FF410
41	How often do you add these to bread?	4. Lean meat	Seldom/never; 1-2 times per week; 3-4 times per week; 5-7 times per week; Several times per day	FF411
41	How often do you add these to bread?	5. Servelat sausage, salami or similar	Seldom/never; 1-2 times per week; 3-4 times per week; 5-7 times per week; Several times per day	FF412
41	How often do you add these to bread?	6. Liver pate or similar	Seldom/never; 1-2 times per week; 3-4 times per week; 5-7 times per week; Several times per day	FF413
41	How often do you add these to bread?	7. Fish	Seldom/never; 1-2 times per week; 3-4 times per week; 5-7 times per week; Several times per day	FF414
41	How often do you add these to bread?	8. Preserves (Jam/jelly), other sweet spreads	Seldom/never; 1-2 times per week; 3-4 times per week; 5-7 times per week; Several times per day	FF415
41	How often do you add these to bread?	9. Egg (boiled, fried, scrambled)	Seldom/never; 1-2 times per week; 3-4 times per week; 5-7 times per week; Several times per day	FF416
42	How often do you drink the following?	1. Whole milk, buttermilk, yogurt	Seldom/never; 1-6 glasses per week; 1 glass per day; 2-3 glass per day; 4 glasses or more per day	FF417
42	How often do you drink the following?	2. Low-fat and skimmed milk	Seldom/never; 1-6 glasses per week; 1 glass per day; 2-3 glass per day; 4 glasses or more per day	FF418
42	How often do you drink the following?	3. Fruit juice	Seldom/never; 1-6 glasses per week; 1 glass per day; 2-3 glass per day; 4 glasses or more per day	FF419
42	How often do you drink the following?	4. Coca Cola/Pepsi with sugar	Seldom/never; 1-6 glasses per week; 1 glass per day; 2-3 glass per day; 4 glasses or more per day	FF420
42	How often do you drink the following?	5. Coca Cola/Pepsi sugar-free	Seldom/never; 1-6 glasses per week; 1 glass per day; 2-3 glass per day; 4 glasses or more per day	FF421
42	How often do you drink the following?	6. Other sugar-free fizzy drinks	Seldom/never; 1-6 glasses per week; 1 glass per day; 2-3 glass per day; 4 glasses or more per day	FF422
42	How often do you drink the following?	7. Energy drinks, Battery or similar	Seldom/never; 1-6 glasses per week; 1 glass per day; 2-3 glass per day; 4 glasses or more per day	FF423
42	How often do you drink the following?	8. Filter-and instant coffee	Seldom/never; 1-6 glasses per week; 1 glass per day; 2-3 glass per day; 4 glasses or more per day	FF424
42	How often do you drink the following?	9. Boiled/Cafeteria coffee	Seldom/never; 1-6 glasses per week; 1 glass per day; 2-3 glass per day; 4 glasses or more per day	FF425
42	How often do you drink the following?	10. Other coffee, espresso or similar	Seldom/never; 1-6 glasses per week; 1 glass per day; 2-3 glass per day; 4 glasses or more per day	FF426
42	How often do you drink the following?	11. Tea	Seldom/never; 1-6 glasses per week; 1 glass per day; 2-3 glass per day; 4 glasses or more per day	FF427

43	How often do you eat these meals?	1. Sausages, hamburger	Seldom/never; 1-2 times per month; 3-4 times per month; 2-3 times per week; 4 times or more per week	FF428
43	How often do you eat these meals?	2. Kebab	Seldom/never; 1-2 times per month; 3-4 times per month; 2-3 times per week; 4 times or more per week	FF429
43	How often do you eat these meals?	3. Pizza	Seldom/never; 1-2 times per month; 3-4 times per month; 2-3 times per week; 4 times or more per week	FF430
43	How often do you eat these meals?	4. Meals with minced meat	Seldom/never; 1-2 times per month; 3-4 times per month; 2-3 times per week; 4 times or more per week	FF431
43	How often do you eat these meals?	5. Pure meat	Seldom/never; 1-2 times per month; 3-4 times per month; 2-3 times per week; 4 times or more per week	FF432
43	How often do you eat these meals?	6. Chicken/turkey	Seldom/never; 1-2 times per month; 3-4 times per month; 2-3 times per week; 4 times or more per week	FF433
43	How often do you eat these meals?	7. Lean fish (cod, Pollock, haddock etc.)	Seldom/never; 1-2 times per month; 3-4 times per month; 2-3 times per week; 4 times or more per week	FF434
43	How often do you eat these meals?	8. Fatty fish (trout, salmon, mackerel, herring)	Seldom/never; 1-2 times per month; 3-4 times per month; 2-3 times per week; 4 times or more per week	FF435
43	How often do you eat these meals?	9. Fish balls/fish cakes	Seldom/never; 1-2 times per month; 3-4 times per month; 2-3 times per week; 4 times or more per week	FF436
43	How often do you eat these meals?	10. Vegetable meals	Seldom/never; 1-2 times per month; 3-4 times per month; 2-3 times per week; 4 times or more per week	FF437
43	How often do you eat these meals?	11. Other	Seldom/never; 1-2 times per month; 3-4 times per month; 2-3 times per week; 4 times or more per week	FF438
44	How often do you eat vegetables and fruit?	1. Raw vegetables/salad	Seldom/never; 1-3 times per month; 1-2 times per week; 3-4 times per week; 5 times or more per week	FF439
44	How often do you eat vegetables and fruit?	2. Cooked vegetables in stews	Seldom/never; 1-3 times per month; 1-2 times per week; 3-4 times per week; 5 times or more per week	FF440
44	How often do you eat vegetables and fruit?	3. Cooked vegetables	Seldom/never; 1-3 times per month; 1-2 times per week; 3-4 times per week; 5 times or more per week	FF441
44	How often do you eat vegetables and fruit?	4. Fruits	Seldom/never; 1-3 times per month; 1-2 times per week; 3-4 times per week; 5 times or more per week	FF442
45	How often do you eat food bought from these places?	1. Canteen/cafeteria	Seldom/never; 1-3 times per month; 1-4 times per week; 5-7 times per week; Several times per day	FF443
45	How often do you eat food bought from these places?	2. Restaurant	Seldom/never; 1-3 times per month; 1-4 times per week; 5-7 times per week; Several times per day	FF444
45	How often do you eat food bought from these places?	3. Kiosk/snack bar	Seldom/never; 1-3 times per month; 1-4 times per week; 5-7 times per week; Several times per day	FF445
45	How often do you eat food bought from these places?	4. Petrol/gasoline station	Seldom/never; 1-3 times per month; 1-4 times per week; 5-7 times per week; Several times per day	FF446
45	How often do you eat food bought from these places?	5. McDonald's Burger King etc.	Seldom/never; 1-3 times per month; 1-4 times per week; 5-7 times per week; Several times per day	FF447
46	How would do describe your diet?	1. I have a varied diet		FF448
46	How would do describe your diet?	2. I do not eat fish		FF449
46	How would do describe your diet?	3. I do not eat meat		FF450
46	How would do describe your diet?	4. I am a vegetarian		FF451
47	Do you use any form of dietary supplement?	No; Yes		FF452
48	If yes, which type?	1. Multivitamin-/mineral supplement		FF453
48	If yes, which type?	2. Cod-liver oil/fish oil		FF454
48	If yes, which type?	3. Protein supplement		FF455
49	Have you ever smoked?	No; Yes		FF214
50	Did you smoke in the six months before your partner became pregnant?		No; Yes, sometimes; Yes, daily	FF215
50	Did you smoke in the six months before your partner became pregnant?	If sometimes, number of cigarettes per week	Number 0-99	FF216
50	Did you smoke in the six months before your partner became pregnant?	If yes, number of cigarettes per day		FF217
51	Do you smoke now after your partner became pregnant?		No; Yes,sometimes; Yes, daily	FF218
51	Do you smoke now after your partner became pregnant?	If sometimes, number of cigarettes per week	Number 0-99	FF219
51	Do you smoke now after your partner became pregnant?		If yes, number of cigarettes per day	FF220
52	If yes, where do you smoke?		Only outside; Both inside and outside; Only inside	FF221
53	Have you ever used smokeless/chewing tobacco ('smus')?		No; Yes	FF456
54	If yes, dis you use smokeless/chewing tobacco in the six months before your partner became pregnant?		No; Yes, daily; Yes, may times per week, but notdaily; Less often than weekly	FF457
55	What type of smokeless/chewing tobacco do you usually use?		Normal (loose); Pouche; Mini-pouches; About the same of	FF458

			each type	
56	How much smokeless/chewing tobacco do you use per week?		Whole box; Half box; Quarter box; Less than a quarter box	FF459
56	How much smokeless/chewing tobacco do you use per week?	If whole box, specify number of boxes:	Number 0-99	FF460
57	Have you used any of the following narcotic substances?	1. Cannabis/Hash	<i>Never</i>	FF222
57	Have you used any of the following narcotic substances?	2. Ecstasy	<i>Never</i>	FF226
57	Have you used any of the following narcotic substances?	3. Cocaine	<i>Never</i>	FF230
57	Have you used any of the following narcotic substances?	4. Heroin	<i>Never</i>	FF234
57	Have you used any of the following narcotic substances?	5. Amphetamine	<i>Never</i>	FF553
57	Have you used any of the following narcotic substances?	Other	<i>Never</i>	FF461
57	Have you used any of the following narcotic substances?	1. Cannabis/Hash	<i>Previously</i>	FF223
57	Have you used any of the following narcotic substances?	2. Ecstasy	<i>Previously</i>	FF227
57	Have you used any of the following narcotic substances?	3. Cocaine	<i>Previously</i>	FF231
57	Have you used any of the following narcotic substances?	4. Heroin	<i>Previously</i>	FF235
57	Have you used any of the following narcotic substances?	5. Amphetamine	<i>Previously</i>	FF554
57	Have you used any of the following narcotic substances?	Other	<i>Previously</i>	FF462
57	Have you used any of the following narcotic substances?	1. Cannabis/Hash	<i>Six months before your partner becamepregnant</i>	FF224
57	Have you used any of the following narcotic substances?	2. Ecstasy	<i>Six months before your partner becamepregnant</i>	FF228
57	Have you used any of the following narcotic substances?	3. Cocaine	<i>Six months before your partner becamepregnant</i>	FF232
57	Have you used any of the following narcotic substances?	4. Heroin	<i>Six months before your partner becamepregnant</i>	FF236
57	Have you used any of the following narcotic substances?	5. Amphetamine	<i>Six months before your partner becamepregnant</i>	FF555
57	Have you used any of the following narcotic substances?	Other	<i>Six months before your partner becamepregnant</i>	FF463
57	Have you used any of the following narcotic substances?	1. Cannabis/Hash	<i>Now</i>	FF225
57	Have you used any of the following narcotic substances?	2. Ecstasy	<i>Now</i>	FF229
57	Have you used any of the following narcotic substances?	3. Cocaine	<i>Now</i>	FF233
57	Have you used any of the following narcotic substances?	4. Heroin	<i>Now</i>	FF237
57	Have you used any of the following narcotic substances?	5. Amphetamine	<i>Now</i>	FF556
57	Have you used any of the following narcotic substances?	Other	<i>Now</i>	FF464
57	Have you used any of the following narcotic substances?	Other, which?	<i>Now</i>	FF550; FF551
58	Have you ever drunk alcohol?	No; Yes		FF242
59	How often did you drink alcohol in the six months before your partner became pregnant and how often do you drink now that your partner is pregnant?	Before	Approximately 6-7 times per week; Approximately 4-5 times per week; Approximately 2-3 times per week; Approximately once per week; Approximately 1-3 times per month; Less than once per month; Never	FF243
59	How often did you drink alcohol in the six months before your partner became pregnant and how often do you drink now that your partner is pregnant?	Now	Approximately 6-7 times per week; Approximately 4-5 times per week; Approximately 2-3 times per week; Approximately once per week; Approximately 1-3 times per month; Less than once per month; Never	FF244
60	How many alcohol units did you normally drink in the six months before your partner became pregnant and how many alcohol units now that your partner is pregnant?	Before (<i>Weekends</i>)	10 or more; 7 to 9; 5 to 6; 3 to 4; 1 to 2; Fewer than 1	FF465
60	How many alcohol units did you normally drink in the six months before your partner became pregnant and how many alcohol units now that your partner is pregnant?	Now (<i>Weekends</i>)	10 or more; 7 to 9; 5 to 6; 3 to 4; 1 to 2; Fewer than 1	FF467
60	How many alcohol units did you normally drink in the six months before your partner became pregnant and how many alcohol units now that your partner is pregnant?	Before (<i>Weekdays</i>)	10 or more; 7 to 9; 5 to 6; 3 to 4; 1 to 2; Fewer than 1	FF466
60	How many alcohol units did you normally drink in the six months before your partner became pregnant and how many alcohol units now that your partner is pregnant?	Now (<i>Weekdays</i>)	10 or more; 7 to 9; 5 to 6; 3 to 4; 1 to 2; Fewer than 1	FF468
61	Have you drunk 5 alcohol units or more on at least one occasion in the six months before your partner became pregnant or now after your partner became pregnant?	Before	Several times per week; Once per week; 1-3 times per month; Less than once per month; Never	FF473

61	Have you drunk 5 alcohol units or more on at least one occasion in the six months before your partner became pregnant or now after your partner became pregnant?	Now	Several times per week; Once per week; 1-3 times per month; Less than once per month; Never	FF244
62	How often are you now so physically active that you become out of breath or seat?	In leisure time	Never; Less than once per week; Once per week; 2-3 times per week; 4-6 times per week; Approximately every day	FF246
62	How often are you now so physically active that you become out of breath or seat?	At work	Never; Less than once per week; Once per week; 2-3 times per week; 4-6 times per week; Approximately every day	FF247
63	How has your physical activity in leisure time been in the last year?	Light physical activity (not sweating/outof breath)	None; Less than 1 per week; 1-2 times per week; 3 or more times per week	FF475
63	How has your physical activity in leisure time been in the last year?	Heavy physical activity (sweating/outof breath)	None; Less than 1 per week; 1-2 times per week; 3 or more times per week	FF476
64	Describe your exercise and physical exertion in your leisure time. If the activity varies a lot, e.g. between summer and winter, take an average. The question relates to the last year.		Read, watch TV or other sedentary occupation; Walking, cycling or other motion, at least 4 hoursper week (including walking/cycling to work, Sunday walks etc.); Take part in sports/athletics, heavy garden worketc. at least 4 hours per week; Hard training or take part in competitive sport regularly and several times a week	FF477
65	Have you ever used any of the following substances?	1. Anabolic steroid	<i>Never</i>	FF321
65	Have you ever used any of the following substances?	2. Testosterone medications	<i>Never</i>	FF325
65	Have you ever used any of the following substances?	3. Growth hormone (e.g. Genotropin/Somatropin)	<i>Never</i>	FF329
65	Have you ever used any of the following substances?	1. Anabolic steroid	<i>Previously</i>	FF322
65	Have you ever used any of the following substances?	2. Testosterone medications	<i>Previously</i>	FF326
65	Have you ever used any of the following substances?	3. Growth hormone (e.g. Genotropin/Somatropin)	<i>Previously</i>	FF330
65	Have you ever used any of the following substances?	1. Anabolic steroid	<i>Six months before your partner becamepregnant</i>	FF323
65	Have you ever used any of the following substances?	2. Testosterone medications	<i>Six months before your partner becamepregnant</i>	FF327
65	Have you ever used any of the following substances?	3. Growth hormone (e.g. Genotropin/Somatropin)	<i>Six months before your partner becamepregnant</i>	FF331
65	Have you ever used any of the following substances?	1. Anabolic steroid	<i>Now</i>	FF324
65	Have you ever used any of the following substances?	2. Testosterone medications	<i>Now</i>	FF328
65	Have you ever used any of the following substances?	3. Growth hormone (e.g. Genotropin/Somatropin)	<i>Now</i>	FF332
66	Have you been bothered by any of the following feelings during the last two weeks?	1. Feeling fearful	Not bothered; A little bothered; Quite bothered; Very bothered	FF251
66	Have you been bothered by any of the following feelings during the last two weeks?	2. Nervousness or shakiness inside	Not bothered; A little bothered; Quite bothered; Very bothered	FF252
66	Have you been bothered by any of the following feelings during the last two weeks?	3. Feeling hopeless about the future	Not bothered; A little bothered; Quite bothered; Very bothered	FF253
66	Have you been bothered by any of the following feelings during the last two weeks?	4. Felling blue	Not bothered; A little bothered; Quite bothered; Very bothered	FF254
66	Have you been bothered by any of the following feelings during the last two weeks?	5. Worrying too much about things	Not bothered; A little bothered; Quite bothered; Very bothered	FF255
66	Have you been bothered by any of the following feelings during the last two weeks?	6. Feeling everything is an effort	Not bothered; A little bothered; Quite bothered; Very bothered	FF256
66	Have you been bothered by any of the following feelings during the last two weeks?	7. Feeling tense or keyed up	Not bothered; A little bothered; Quite bothered; Very bothered	FF257
66	Have you been bothered by any of the following feelings during the last two weeks?	8. Suddenly scared for no reason	Not bothered; A little bothered; Quite bothered; Very bothered	FF258
67	Have you ever experienced the following for a period of 2 weeks or more earlier in your life?	1. Felt depressed, sad	No; Yes	FF259
67	Have you ever experienced the following for a period of 2 weeks or more earlier in your life?	2. Had problems with appetite or eaten too much	No; Yes	FF260
67	Have you ever experienced the following for a period of 2 weeks or more earlier in your life?	3. Been bothered by lack of energy	No; Yes	FF261
67	Have you ever experienced the following for a period of 2 weeks or more earlier in your life?	4. Blamed yourself and felt worthless	No; Yes	FF262
67	Have you ever experienced the following for a period of 2 weeks or more earlier in your life?	5. Had problems with concentration or had problems making decisions	No; Yes	FF263
67	Have you ever experienced the following for a period of 2 weeks or more earlier in your life?	6. Had at least 3 of the problems named above simultaneously	No; Yes	FF264
68	If you have had 3 or more of these problems at the same time:	How many times has it occurred?	Number 0-99	FF478
68	If you have had 3 or more of these problems at the same time:	How many weeks did the longest period last?	Number 0-99	FF479

69	What kind of perception do you have of yourself?	1. I have a positive attitude toward myself	Agree completely; Agree; Disagree; Disagree completely	FF265
69	What kind of perception do you have of yourself?	2. I feel completely useless at times	Agree completely; Agree; Disagree; Disagree completely	FF266
69	What kind of perception do you have of yourself?	3. I feel that I do not have much to be proud about	Agree completely; Agree; Disagree; Disagree completely	FF267
69	What kind of perception do you have of yourself?	4. I feel that I am a valuable person, as good as anyone else	Agree completely; Agree; Disagree; Disagree completely	FF268
70	Describe yourself as you usually are	Am the life of the party	Strongly disagree; Disagree somewhat; Neither nor; Agree somewhat; Strongly agree	FF480
70	Describe yourself as you usually are	Feel little concern for others	Strongly disagree; Disagree somewhat; Neither nor; Agree somewhat; Strongly agree	FF481
70	Describe yourself as you usually are	Am always prepared	Strongly disagree; Disagree somewhat; Neither nor; Agree somewhat; Strongly agree	FF482
70	Describe yourself as you usually are	Get stressed out easily	Strongly disagree; Disagree somewhat; Neither nor; Agree somewhat; Strongly agree	FF483
70	Describe yourself as you usually are	Have a rich vocabulary	Strongly disagree; Disagree somewhat; Neither nor; Agree somewhat; Strongly agree	FF484
70	Describe yourself as you usually are	Don't talk a lot	Strongly disagree; Disagree somewhat; Neither nor; Agree somewhat; Strongly agree	FF485
70	Describe yourself as you usually are	Am interested in other people	Strongly disagree; Disagree somewhat; Neither nor; Agree somewhat; Strongly agree	FF486
70	Describe yourself as you usually are	Leave my belongs around	Strongly disagree; Disagree somewhat; Neither nor; Agree somewhat; Strongly agree	FF487
70	Describe yourself as you usually are	Am relaxed most of the time	Strongly disagree; Disagree somewhat; Neither nor; Agree somewhat; Strongly agree	FF488
70	Describe yourself as you usually are	Have difficulty understanding abstract ideas	Strongly disagree; Disagree somewhat; Neither nor; Agree somewhat; Strongly agree	FF489
70	Describe yourself as you usually are	Feel comfortable around people	Strongly disagree; Disagree somewhat; Neither nor; Agree somewhat; Strongly agree	FF490
70	Describe yourself as you usually are	Insult people	Strongly disagree; Disagree somewhat; Neither nor; Agree somewhat; Strongly agree	FF491
70	Describe yourself as you usually are	Pay attention to details	Strongly disagree; Disagree somewhat; Neither nor; Agree somewhat; Strongly agree	FF492
70	Describe yourself as you usually are	Worry about things	Strongly disagree; Disagree somewhat; Neither nor; Agree somewhat; Strongly agree	FF493
70	Describe yourself as you usually are	Have a vivid imagination	Strongly disagree; Disagree somewhat; Neither nor; Agree somewhat; Strongly agree	FF494
70	Describe yourself as you usually are	Keep in the background	Strongly disagree; Disagree somewhat; Neither nor; Agree somewhat; Strongly agree	FF495
70	Describe yourself as you usually are	Sympathize with others' feelings	Strongly disagree; Disagree somewhat; Neither nor; Agree somewhat; Strongly agree	FF496
70	Describe yourself as you usually are	Make a mess of things	Strongly disagree; Disagree somewhat; Neither nor; Agree somewhat; Strongly agree	FF497
70	Describe yourself as you usually are	Seldom feel blue	Strongly disagree; Disagree somewhat; Neither nor; Agree somewhat; Strongly agree	FF498
70	Describe yourself as you usually are	Am not interested in abstract ideas	Strongly disagree; Disagree somewhat; Neither nor; Agree somewhat; Strongly agree	FF499
70	Describe yourself as you usually are	Start conversations	Strongly disagree; Disagree somewhat; Neither nor; Agree somewhat; Strongly agree	FF500
70	Describe yourself as you usually are	Am not interested in other people's problems	Strongly disagree; Disagree somewhat; Neither nor; Agree somewhat; Strongly agree	FF501
70	Describe yourself as you usually are	Get chores done right away	Strongly disagree; Disagree somewhat; Neither nor; Agree somewhat; Strongly agree	FF502
70	Describe yourself as you usually are	Am easily disturbed	Strongly disagree; Disagree somewhat; Neither nor; Agree somewhat; Strongly agree	FF503
70	Describe yourself as you usually are	Have excellent ideas	Strongly disagree; Disagree somewhat; Neither nor; Agree somewhat; Strongly agree	FF504
70	Describe yourself as you usually are	Have little to say	Strongly disagree; Disagree somewhat; Neither nor; Agree somewhat; Strongly agree	FF505
70	Describe yourself as you usually are	Have a soft heart	Strongly disagree; Disagree somewhat; Neither nor; Agree somewhat; Strongly agree	FF506
70	Describe yourself as you usually are	Often forget to put things back in their proper place	Strongly disagree; Disagree somewhat; Neither nor; Agree somewhat; Strongly agree	FF507
70	Describe yourself as you usually are	Get upset easily	Strongly disagree; Disagree somewhat; Neither nor; Agree somewhat; Strongly agree	FF508

70	Describe yourself as you usually are	Do not have good imagination	Strongly disagree; Disagree somewhat; Neither nor; Agree somewhat; Strongly agree	FF509
70	Describe yourself as you usually are	Talk to a lot of different people at parties	Strongly disagree; Disagree somewhat; Neither nor; Agree somewhat; Strongly agree	FF510
70	Describe yourself as you usually are	Am not really interested in others	Strongly disagree; Disagree somewhat; Neither nor; Agree somewhat; Strongly agree	FF511
70	Describe yourself as you usually are	Like order	Strongly disagree; Disagree somewhat; Neither nor; Agree somewhat; Strongly agree	FF512
70	Describe yourself as you usually are	Change my mood a lot	Strongly disagree; Disagree somewhat; Neither nor; Agree somewhat; Strongly agree	FF513
70	Describe yourself as you usually are	Am quick to understand things	Strongly disagree; Disagree somewhat; Neither nor; Agree somewhat; Strongly agree	FF514
70	Describe yourself as you usually are	Do not like to draw attention to myself	Strongly disagree; Disagree somewhat; Neither nor; Agree somewhat; Strongly agree	FF515
70	Describe yourself as you usually are	Take time out for others	Strongly disagree; Disagree somewhat; Neither nor; Agree somewhat; Strongly agree	FF516
70	Describe yourself as you usually are	Shirk my duties	Strongly disagree; Disagree somewhat; Neither nor; Agree somewhat; Strongly agree	FF517
70	Describe yourself as you usually are	Have frequent mood swings	Strongly disagree; Disagree somewhat; Neither nor; Agree somewhat; Strongly agree	FF518
70	Describe yourself as you usually are	Use difficult words	Strongly disagree; Disagree somewhat; Neither nor; Agree somewhat; Strongly agree	FF519
70	Describe yourself as you usually are	Don't mind being the centre of attention	Strongly disagree; Disagree somewhat; Neither nor; Agree somewhat; Strongly agree	FF520
70	Describe yourself as you usually are	Feel others' emotions	Strongly disagree; Disagree somewhat; Neither nor; Agree somewhat; Strongly agree	FF521
70	Describe yourself as you usually are	Follow a schedule	Strongly disagree; Disagree somewhat; Neither nor; Agree somewhat; Strongly agree	FF522
70	Describe yourself as you usually are	Get irritated easily	Strongly disagree; Disagree somewhat; Neither nor; Agree somewhat; Strongly agree	FF523
70	Describe yourself as you usually are	Spend time reflecting on things	Strongly disagree; Disagree somewhat; Neither nor; Agree somewhat; Strongly agree	FF524
70	Describe yourself as you usually are	Am quiet around strangers	Strongly disagree; Disagree somewhat; Neither nor; Agree somewhat; Strongly agree	FF525
70	Describe yourself as you usually are	Make people feel at ease	Strongly disagree; Disagree somewhat; Neither nor; Agree somewhat; Strongly agree	FF526
70	Describe yourself as you usually are	Am exacting in my work	Strongly disagree; Disagree somewhat; Neither nor; Agree somewhat; Strongly agree	FF527
70	Describe yourself as you usually are	Often feel blue	Strongly disagree; Disagree somewhat; Neither nor; Agree somewhat; Strongly agree	FF528
70	Describe yourself as you usually are	Am full of ideas	Strongly disagree; Disagree somewhat; Neither nor; Agree somewhat; Strongly agree	FF529
71	Do you agree or disagree with the following statements?	1. In most ways my life is close to my ideal	Disagree completely; Disagree; Disagree somewhat; Don't agree or disagree; Agree somewhat; Agree; Agree	FF269
71	Do you agree or disagree with the following statements?	2. The conditions of my life are excellent	Disagree completely; Disagree; Disagree somewhat; Don't agree or disagree; Agree somewhat; Agree; Agree	FF270
71	Do you agree or disagree with the following statements?	3. I am satisfied with my life	Disagree completely; Disagree; Disagree somewhat; Don't agree or disagree; Agree somewhat; Agree; Agree	FF271
71	Do you agree or disagree with the following statements?	4. So far I have gotten the important things I want in life	Disagree completely; Disagree; Disagree somewhat; Don't agree or disagree; Agree somewhat; Agree; Agree	FF272
71	Do you agree or disagree with the following statements?	5. If I could live my life over, I would change almost nothing	Disagree completely; Disagree; Disagree somewhat; Don't agree or disagree; Agree somewhat; Agree; Agree	FF273
72	Feeling of agitation and restlessness in the last six months.	1. How often do you have trouble wrapping up the final details of a project, once the challenging parts have been done?	Never; Rarely; Sometimes; Often; Very often	FF535
72	Feeling of agitation and restlessness in the last six months.	2. How often do you have difficulty getting things in order when you have to do a task that requires organisation?	Never; Rarely; Sometimes; Often; Very often	FF536
72	Feeling of agitation and restlessness in the last six months.	3. When you have a task that requires a lot of thought, how often do you avoid or delay getting started?	Never; Rarely; Sometimes; Often; Very often	FF537
72	Feeling of agitation and restlessness in the last six months.	4. How often do you have problems remembering appointments or obligations?	Never; Rarely; Sometimes; Often; Very often	FF538
72	Feeling of agitation and restlessness in the last six months.	5. How often do you fidget or squirm with your hands or feet when you have to sit down for a long time?	Never; Rarely; Sometimes; Often; Very often	FF539

72	Feeling of agitation and restlessness in the last six months.	6. How often do you feel overly active and compelled to do things, like you were driven by a motor?	Never; Rarely; Sometimes; Often; Very often	FF540
73	Have you experienced any of the following during the last 12 months?	1. Problems at work or study place	No; Yes	FF283
73	Have you experienced any of the following during the last 12 months?	2. Financial problems	No; Yes	FF284
73	Have you experienced any of the following during the last 12 months?	3. Got divorced, separated or ended a relationship	No; Yes	FF285
73	Have you experienced any of the following during the last 12 months?	4. Problems or conflicts with your family, friends or neighbors	No; Yes	FF286
73	Have you experienced any of the following during the last 12 months?	5. Serious concerns that something is wrong with the bay you are expecting	No; Yes	FF544
73	Have you experienced any of the following during the last 12 months?	6. Serious personal ill or injured	No; Yes	FF545
73	Have you experienced any of the following during the last 12 months?	7. Close relative has been seriously ill or injured	No; Yes	FF546
73	Have you experienced any of the following during the last 12 months?	8. Involved in a serious traffic accident, fire or robbery	No; Yes	FF547
73	Have you experienced any of the following during the last 12 months?	9. Lost someone close to you	No; Yes	FF288
73	Have you experienced any of the following during the last 12 months?	10. Forced into sexual activity	No; Yes	FF548
73	Have you experienced any of the following during the last 12 months?	11. Exposed to physical violence	No; Yes	FF549
73	Have you experienced any of the following during the last 12 months?	12. Other Other, describe:	No; Yes	FF289 FF290 FF320(txt.)
74	How much do you agree with these descriptions of your relationship with your wife/partner?	1. My partner and I have problems in our relationship	Agree completely; Agree; Agree somewhat; Disagree somewhat; Disagree; Disagree completely	FF292
74	How much do you agree with these descriptions of your relationship with your wife/partner?	2. I am very happy with our relationship	Agree completely; Agree; Agree somewhat; Disagree somewhat; Disagree; Disagree completely	FF293
74	How much do you agree with these descriptions of your relationship with your wife/partner?	3. My partner is generally understanding	Agree completely; Agree; Agree somewhat; Disagree somewhat; Disagree; Disagree completely	FF294
74	How much do you agree with these descriptions of your relationship with your wife/partner?	4. I am satisfied with my relationship with my partner	Agree completely; Agree; Agree somewhat; Disagree somewhat; Disagree; Disagree completely	FF295
74	How much do you agree with these descriptions of your relationship with your wife/partner?	5. We agree on how our child should be raised	Agree completely; Agree; Agree somewhat; Disagree somewhat; Disagree; Disagree completely	FF296
75	Do you have anyone other than your wife/partner you can ask for advice in a difficult situation?		No; Yes: 1-2 people; Yes, more than 2 people	FF541
76	How often do you meet or talk on the telephone with your family (other than your wife/partner and children) or close friends?		Once a month or less; 8 times a month; More than twice a week	FF542
77	Do you often feel lonely?		Almost never; Infrequently; Sometimes; Usually; Almost always	FF543
78	How often do you experience the following in your everyday life?	1. Feel glad about something	Rarely or never; Hardly ever; Sometimes; Often; Very often	FF277
78	How often do you experience the following in your everyday life?	2. Feel happy	Rarely or never; Hardly ever; Sometimes; Often; Very often	FF278
78	How often do you experience the following in your everyday life?	3. Feel joyful, like everything is going your way, everything is rosy	Rarely or never; Hardly ever; Sometimes; Often; Very often	FF279
78	How often do you experience the following in your everyday life?	4. Feel like screaming at somebody or banging on something	Rarely or never; Hardly ever; Sometimes; Often; Very often	FF280
78	How often do you experience the following in your everyday life?	5. Feel angry, irritated, annoyed	Rarely or never; Hardly ever; Sometimes; Often; Very often	FF281
78	How often do you experience the following in your everyday life?	6. Feel mad at somebody	Rarely or never; Hardly ever; Sometimes; Often; Very often	FF288