

1	1	Q08	What is the child's height and weight now at 7 years old?	Height		cm	JJ408				
2	1	Q08	What is the child's height and weight now at 7 years old?	Weight		, kg	JJ325				
3	1	Q08	What is the child's height and weight now at 7 years old?	Date of measurement		Day / month / year	JJ326 / JJ327 / JJ328				
4	1	Q08	What is the child's height and weight now at 7 years old?	Measured self			JJ329				
5	2	Q08	Outside of school: Approximately how many times per week is the child physically active/takes part in sports such that they become short of breath or sweaty?			Number 0-99	JJ409				
6	3	Q08	Outside of school: Approximately how many times per week does the child spend on physical activity/sports (soccer, handball, skiing or	Summer		1) Less than 1 hour per week 1-2 hours per week 3-4 hours per week 5-7 hours per week 8-10 hours per	JJ281				

			gymnastics/dance or similar)?			week 11 hours or more per week					
7	3	Q08	Outside of school: Approximately how many times per week does the child spend on physical activity/sports (soccer, handball, skiing or gymnastics/dance or similar)?	Winter		1) Less than 1 hour per week 1-2 hours per week 3-4 hours per week 5-7 hours per week 8-10 hours per week 11 hours or more per week	JJ282				
8	4	Q08	Outside of school on a regular week day: approximately how many hours per day is the child usually outdoors?	Summer		Number 0-99	JJ283				
9	4	Q08	Outside of school on a regular week day: approximately how many hours per day is the child usually outdoors?	Winter			JJ284				

10	5	Q08	Outside of school, on a regular week day: How many hours per day does the child usually spend watching TV, videos, playing electronic video games, DVDs or using a computer?	Summer		1) Less than 1 hour 1-2 hours per day 3-4 hours per day 5 hours or more per day	JJ285				
11	5	Q08	Outside of school, on a regular week day: How many hours per day does the child usually spend watching TV, videos, playing electronic video games, DVDs or using a computer?	Winter			JJ286				
12	6	Q08	How many days has the child missed school in the past three months because of illness?			Number 0-99	JJ279				
13	6	Q08	Number of days of interruption from play and leisure activities			Number 0-99	JJ280				
14	7	Q08	Has the child been swimming in an indoor			1-No 2-Sometimes 3-Weekly	JJ410				

			swimming pool in the past 12 months?								
15	7	Q08	Has the child been swimming in an indoor swimming pool in the past 12 months?	If sometimes, number of hours per month		Number 0-99	JJ289				
16	7	Q08	Has the child been swimming in an indoor swimming pool in the past 12 months?	If weekly, number of hours per week			JJ291				
17	8	Q08	When the child was 4-6 years old, approximately how often did they use an indoor swimming pool?			1-Never/rarely 2-Sometimes 3-Weekly	JJ411				
18	8	Q08	When the child was 4-6 years old, approximately how often did they use an indoor swimming pool?	If sometimes, number of hours per month		Number 0-99	JJ412				
19	8	Q08	When the child was 4-6 years old, approximately how often did they use an	If weekly, number of hours per week			JJ413				

			indoor swimming pool?									
20	9	Q08	How often does the child get to school by?	Walking/riding a bike			JJ292					
21	9	Q08	How often does the child get to school by?	Car			JJ293					
22	9	Q08	How often does the child get to school by?	Public transportation			JJ294					
23	10	Q08	How far is the child's home from school?			1) Less than 1km 1-2 km 3-4 km More than 4 km	JJ295					
24	11	Q08	Does the child's father live together with you?			1-Yes 2-No	JJ414					
25	11	Q08	Does the child's father live together with you?			1-Almost always 2-Half of the time or more 3-Less than half of the time	JJ415					
26	11	Q08	If not, how much of the time does the child live with you and their father, respectively?			1-Almost always 2-Half of the time or more 3-Less than half of the time	JJ298					
27	11	Q08	If not, how much of the time does the child live with you and their				JJ299					

			father, respectively?								
28	12	Q08	What year did you move to your current address?				JJ416				
29	13	Q08	On which floor is the child's bedroom?			Number 0-99	JJ417				
30	14	Q08	Approximately how many hours does the child usually sleep on a week nights?			1) 8 hours or less 9 hours 10 hours 11 hours 12 hours or more	JJ418				
31	15	Q08	How often does the child snore?			1) Never Less than one night a week Approximately one night per week Several night per week Almost every night	JJ419				
32	16	Q08	Has there been any damage caused by damp, any visible mould growth or smell of mould in the child's home during the last year?	No			JJ420				
33	16	Q08	Has there been any damage caused by damp, any visible mould	Yes, damage caused by damp during the last year			JJ421				

			growth or smell of mould in the child's home during the last year?								
34	16	Q08	Has there been any damage caused by damp, any visible mould growth or smell of mould in the child's home during the last year?	Yes, visible mould during the last year			JJ422				
35	16	Q08	Has there been any damage caused by damp, any visible mould growth or smell of mould in the child's home during the last year?	Yes, smell of mould during the last year			JJ423				
36	17	Q08	Do you smoke now? If yes, how many cigarettes?			2- 1-Do not smoke Smoke sometimes Smoke daily	JJ300				
37	17	Q08	Do you smoke now? If yes, how many cigarettes?	If smoke sometimes, number of cigarettes per week		Number 0-99	JJ302				
38	17	Q08	Do you smoke now? If yes, how many cigarettes?	If smoke daily, number of cigarettes daily		Number 0-99	JJ301				
39	18	Q08	Does the child's father smoke? If			2- 1-Do not smoke Smokes	JJ303				

			yes, how many cigarettes?			sometimes Smokes daily					
40	18	Q08	Does the child's father smoke? If yes, how many cigarettes?	If smokes sometimes, number of cigarettes per week		Number 0-99	JJ305				
41	18	Q08	Does the child's father smoke? If yes, how many cigarettes?	If smokes daily, number of cigarettes daily		Number 0-99	JJ304				
42	19	Q08	Did you use wood-burning heating (stove or open fire) in the child's home in the time before the child was 3 years old?			Never Rarely Sometimes Often	JJ424				
43	20	Q08	During the last year, did you ever use an open fire?			Never Rarely Sometimes Often	JJ425				
44	21	Q08	During the last year, has wood-burning heating been used as heating in the child's home?			1-No 2- Yes	JJ306				
45	21	Q08	During the last year, has wood-burning heating been used as heating in the child's home?	If yes, is wood-burning heating the main source of heating in this home?		1-No 2- Yes	JJ307				

46	21	Q08	During the last year, has wood-burning heating been used as heating in the child's home?	If yes, are you using a wood burning stove made before 1997?		1-No 2- Yes 3- Don't know	JJ615				
47	22	Q08	Approximately how often do you burn candles in the home during the winter months?			Never/less than 4 times Only in December (4 times or more) 1-3 times a week 4-6 times a week Daily/almost daily 6)Several times a day on most days	JJ426				
48	23	Q08	Are there pets in the child's home?			1-No 2- Yes	JJ311				
49	23	Q08	Are there pets in the child's home?	Dog			JJ312				
50	23	Q08	Are there pets in the child's home?	Cat			JJ314				
51	23	Q08	Are there pets in the child's home?	Other furry animals (guinea pig, rabbit or the like)			JJ316				
52	23	Q08	Are there pets in the child's home?	Bird			JJ313				
53	23	Q08	Are there pets in the child's home?	Other			JJ315				
54	24	Q08	Is the child in contact with farm animals at least once a week?			1-No 2- Yes	JJ317				

55	24	Q08	Is the child in contact with farm animals at least once a week?	Horse			JJ318				
56	24	Q08	Is the child in contact with farm animals at least once a week?	Pig			JJ319				
57	24	Q08	Is the child in contact with farm animals at least once a week?	Sheep/goat			JJ321				
58	24	Q08	Is the child in contact with farm animals at least once a week?	Cattle			JJ322				
59	24	Q08	Is the child in contact with farm animals at least once a week?	Hens/poultry			JJ320				
60	24	Q08	Is the child in contact with farm animals at least once a week?	Other			JJ323				
61	25	Q08	Cross off if your child has or had the following illnesses or conditions.	1. Rheumatoid arthritis/chronic joint inflammation			JJ427				
62	25	Q08	Cross off if your child has or had the following illnesses or conditions.	2. Cancer			JJ428				

63	25	Q08	Cross off if your child has or had the following illnesses or conditions.	3. Diabetes			JJ429					
64	25	Q08	Cross off if your child has or had the following illnesses or conditions.	4. Cerebral palsy			JJ430					
65	25	Q08	Cross off if your child has or had the following illnesses or conditions.	5. ADHD			JJ431					
66	25	Q08	Cross off if your child has or had the following illnesses or conditions.	6. Coeliac disease			JJ432					
67	25	Q08	Cross off if your child has or had the following illnesses or conditions.	7. Fractures			JJ433					
68	25	Q08	Cross off if your child has or had the following illnesses or conditions.	8. Epilepsy			JJ434					
69	25	Q08	Cross off if your child has or had the following illnesses or conditions.	9. Mentally disabled			JJ435					

70	25	Q08	Cross off if your child has or had the following illnesses or conditions.	10. Autistic characteristics/autism			JJ436					
71	25	Q08	Cross off if your child has or had the following illnesses or conditions.	11. Asperger's syndrome			JJ437					
72	25	Q08	Cross off if your child has or had the following illnesses or conditions.	12. Chronic Fatigue Syndrome/ME			JJ438					
73	25	Q08	Cross off if your child has or had the following illnesses or conditions.	13. Removed tonsils			JJ439					
74	25	Q08	Cross off if your child has or had the following illnesses or conditions.	14. Middle ear drains			JJ440					
75	25	Q08	Cross off if your child has or had the following illnesses or conditions.	15. Other conditions, congenital syndrome			JJ441					
76	25	Q08	Cross off if your child has or had the following illnesses or conditions.	16. Other conditions, congenital syndrome, describe			JJ442					

77	26	Q08	Does the child have or has they ever had, any of the following illnesses or health problems? Give the child's age at the first sign of the illness. If the child no longer has the illness, state the age when they recovered.	1. Trouble sleeping	Confirmed by a doctor? Yes / Health problems started at Age / Symptoms the last year? / 1-No 2-Yes / Child no longer has the health problems Age		JJ51	JJ48	JJ443	JJ49	
78	26	Q08	Does the child have or has they ever had, any of the following illnesses or health problems? Give the child's age at the first sign of the illness. If the child no longer has the illness, state the age when they recovered.	2. Anaemia (low blood percent)	Confirmed by a doctor? Yes / Health problems started at Age / Symptoms the last year? / 1-No 2-Yes / Child no longer has the health problems Age		JJ101	JJ98	JJ444	JJ99	
79	26	Q08	Does the child have or has they ever had, any of the following illnesses or health problems? Give the child's age at the first sign of	3. Delayed motor development	Confirmed by a doctor? Yes / Health problems started at Age / Symptoms the last year? / 1-No 2-Yes /		JJ111	JJ108	JJ445	JJ109	

			the illness. If the child no longer has the illness, state the age when they recovered.		Child no longer has the health problems Age						
80	26	Q08	Does the child have or has they ever had, any of the following illnesses or health problems? Give the child's age at the first sign of the illness. If the child no longer has the illness, state the age when they recovered.	4. Delayed or deviating language development	Confirmed by a doctor? Yes / Health problems started at Age / Symptoms the last year? / 1-No 2-Yes / Child no longer has the health problems Age		JJ116	JJ113	JJ446	JJ114	
81	26	Q08	Does the child have or has they ever had, any of the following illnesses or health problems? Give the child's age at the first sign of the illness. If the child no longer has the illness, state the age when they recovered.	5. behavioural problems (difficult and unruly)	Confirmed by a doctor? Yes / Health problems started at Age / Symptoms the last year? / 1-No 2-Yes / Child no longer has the health problems Age		JJ136	JJ133	JJ447	JJ134	

82	26	Q08	Does the child have or has they ever had, any of the following illnesses or health problems? Give the child's age at the first sign of the illness. If the child no longer has the illness, state the age when they recovered.	6. Emotional difficulties (sad and anxious)	Confirmed by a doctor? Yes / Health problems started at Age / Symptoms the last year? / 1-No 2-Yes / Child no longer has the health problems Age		JJ141	JJ138	JJ448	JJ139	
83	26	Q08	Does the child have or has they ever had, any of the following illnesses or health problems? Give the child's age at the first sign of the illness. If the child no longer has the illness, state the age when they recovered.	7. Overweight	Confirmed by a doctor? Yes / Health problems started at Age / Symptoms the last year? / 1-No 2-Yes / Child no longer has the health problems Age		JJ41	JJ38	JJ449	JJ39	
84	26	Q08	Does the child have or has they ever had, any of the following illnesses or health problems? Give the child's age at the first sign of	8. Asthma	Confirmed by a doctor? Yes / Health problems started at Age / Symptoms the last year? / 1-No 2-Yes /		JJ16	JJ13	JJ450	JJ14	

			the illness. If the child no longer has the illness, state the age when they recovered.		Child no longer has the health problems Age						
85	26	Q08	Does the child have or has they ever had, any of the following illnesses or health problems? Give the child's age at the first sign of the illness. If the child no longer has the illness, state the age when they recovered.	9. Allergy to pollen/hay fever	Confirmed by a doctor? Yes / Health problems started at Age / Symptoms the last year? / 1-No 2-Yes / Child no longer has the health problems Age		JJ452	JJ453	JJ454	JJ455	
86	26	Q08	Does the child have or has they ever had, any of the following illnesses or health problems? Give the child's age at the first sign of the illness. If the child no longer has the illness, state the age when they recovered.	10. Allergy to cat or dog	Confirmed by a doctor? Yes / Health problems started at Age / Symptoms the last year? / 1-No 2-Yes / Child no longer has the health problems Age		JJ457	JJ458	JJ459	JJ460	

87	26	Q08	Does the child have or has they ever had, any of the following illnesses or health problems? Give the child's age at the first sign of the illness. If the child no longer has the illness, state the age when they recovered.	11. Atopic eczema/dermatitis	Confirmed by a doctor? Yes / Health problems started at Age / Symptoms the last year? / 1-No 2-Yes / Child no longer has the health problems Age		JJ26	JJ23	JJ461	JJ24	
88	26	Q08	Does the child have or has they ever had, any of the following illnesses or health problems? Give the child's age at the first sign of the illness. If the child no longer has the illness, state the age when they recovered.	12. Allergy to milk	Confirmed by a doctor? Yes / Health problems started at Age / Symptoms the last year? / 1-No 2-Yes / Child no longer has the health problems Age		JJ146	JJ143	JJ462	JJ144	
89	26	Q08	Does the child have or has they ever had, any of the following illnesses or health problems? Give the child's age at the first sign of	13. Allergy to egg	Confirmed by a doctor? Yes / Health problems started at Age / Symptoms the last year? / 1-No 2-Yes /		JJ151	JJ148	JJ463	JJ149	

			the illness. If the child no longer has the illness, state the age when they recovered.		Child no longer has the health problems Age						
90	26	Q08	Does the child have or has they ever had, any of the following illnesses or health problems? Give the child's age at the first sign of the illness. If the child no longer has the illness, state the age when they recovered.	14. Allergy to peanuts	Confirmed by a doctor? Yes / Health problems started at Age / Symptoms the last year? / 1-No 2-Yes / Child no longer has the health problems Age		JJ465	JJ466	JJ467	JJ468	
91	26	Q08	Does the child have or has they ever had, any of the following illnesses or health problems? Give the child's age at the first sign of the illness. If the child no longer has the illness, state the age when they recovered.	15. Allergy to other nuts	Confirmed by a doctor? Yes / Health problems started at Age / Symptoms the last year? / 1-No 2-Yes / Child no longer has the health problems Age		JJ470	JJ471	JJ472	JJ473	

92	26	Q08	Does the child have or has they ever had, any of the following illnesses or health problems? Give the child's age at the first sign of the illness. If the child no longer has the illness, state the age when they recovered.	16. Allergy to fish	Confirmed by a doctor? Yes / Health problems started at Age / Symptoms the last year? / 1-No 2-Yes / Child no longer has the health problems Age		JJ156	JJ153	JJ474	JJ154	
93	26	Q08	Does the child have or has they ever had, any of the following illnesses or health problems? Give the child's age at the first sign of the illness. If the child no longer has the illness, state the age when they recovered.	17. Allergy to shellfish	Confirmed by a doctor? Yes / Health problems started at Age / Symptoms the last year? / 1-No 2-Yes / Child no longer has the health problems Age		JJ476	JJ477	JJ478	JJ479	
94	26	Q08	Does the child have or has they ever had, any of the following illnesses or health problems? Give the child's age at the first sign of	18. Allergy to fruit	Confirmed by a doctor? Yes / Health problems started at Age / Symptoms the last year? / 1-No 2-Yes /		JJ481	JJ482	JJ483	JJ484	

			the illness. If the child no longer has the illness, state the age when they recovered.		Child no longer has the health problems Age						
95	26	Q08	Does the child have or has they ever had, any of the following illnesses or health problems? Give the child's age at the first sign of the illness. If the child no longer has the illness, state the age when they recovered.	19. Allergy to other foods	Confirmed by a doctor? Yes / Health problems started at Age / Symptoms the last year? / 1-No 2-Yes / Child no longer has the health problems Age		JJ161	JJ158	JJ485	JJ159	
96	26	Q08	Does the child have or has they ever had, any of the following illnesses or health problems? Give the child's age at the first sign of the illness. If the child no longer has the illness, state the age when they recovered.	If yes, which? (In all versions)	Confirmed by a doctor? Yes / Health problems started at Age / Symptoms the last year? / 1-No 2-Yes / Child no longer has the health problems Age		JJ486				

97	26	Q08	Does the child have or has they ever had, any of the following illnesses or health problems? Give the child's age at the first sign of the illness. If the child no longer has the illness, state the age when they recovered.	If yes, which? (In all versions)	Confirmed by a doctor? Yes / Health problems started at Age / Symptoms the last year? / 1-No 2-Yes / Child no longer has the health problems Age	JJ487					
98	26	Q08	Does the child have or has they ever had, any of the following illnesses or health problems? Give the child's age at the first sign of the illness. If the child no longer has the illness, state the age when they recovered.	If yes, which? (In all versions)	Confirmed by a doctor? Yes / Health problems started at Age / Symptoms the last year? / 1-No 2-Yes / Child no longer has the health problems Age	JJ488					
99	26	Q08	Does the child have or has they ever had, any of the following illnesses or health problems? Give the child's age at the first sign of	If yes, which? (In all versions)	Confirmed by a doctor? Yes / Health problems started at Age / Symptoms the last year? / 1-No 2-Yes /	JJ489					

			the illness. If the child no longer has the illness, state the age when they recovered.		Child no longer has the health problems Age						
100	26	Q08	Does the child have or has they ever had, any of the following illnesses or health problems? Give the child's age at the first sign of the illness. If the child no longer has the illness, state the age when they recovered.	If yes, which? (In all versions)	Confirmed by a doctor? Yes / Health problems started at Age / Symptoms the last year? / 1-No 2-Yes / Child no longer has the health problems Age	JJ490					
101	26	Q08	Does the child have or has they ever had, any of the following illnesses or health problems? Give the child's age at the first sign of the illness. If the child no longer has the illness, state the age when they recovered.	1. Asthma	If yes, the first sign of illness started at Age / Child no longer has the illness Age / Yes, still have the illness / The illness is diagnosed by a doctor	JJ13	JJ14	JJ15	JJ16		

102	26	Q08	Does the child have or has they ever had, any of the following illnesses or health problems? Give the child's age at the first sign of the illness. If the child no longer has the illness, state the age when they recovered.	2. Allergy to pollen/hay fever	If yes, the first sign of illness started at Age / Child no longer has the illness Age / Yes, still have the illness / The illness is diagnosed by a doctor		JJ18	JJ19	JJ20	JJ21	
103	26	Q08	Does the child have or has they ever had, any of the following illnesses or health problems? Give the child's age at the first sign of the illness. If the child no longer has the illness, state the age when they recovered.	3. Atopic eczema/dermatitis	If yes, the first sign of illness started at Age / Child no longer has the illness Age / Yes, still have the illness / The illness is diagnosed by a doctor		JJ23	JJ24	JJ25	JJ26	
104	26	Q08	Does the child have or has they ever had, any of the following illnesses or health problems? Give the child's age at the first sign of	4. Hearing loss	If yes, the first sign of illness started at Age / Child no longer has the illness Age / Yes, still have the illness /		JJ28	JJ29	JJ30	JJ31	

			the illness. If the child no longer has the illness, state the age when they recovered.		The illness is diagnosed by a doctor						
105	26	Q08	Does the child have or has they ever had, any of the following illnesses or health problems? Give the child's age at the first sign of the illness. If the child no longer has the illness, state the age when they recovered.	5. Impaired vision	If yes, the first sign of illness started at Age / Child no longer has the illness Age / Yes, still have the illness / The illness is diagnosed by a doctor		JJ33	JJ34	JJ35	JJ36	
106	26	Q08	Does the child have or has they ever had, any of the following illnesses or health problems? Give the child's age at the first sign of the illness. If the child no longer has the illness, state the age when they recovered.	6. Overweight	If yes, the first sign of illness started at Age / Child no longer has the illness Age / Yes, still have the illness / The illness is diagnosed by a doctor		JJ38	JJ39	JJ40	JJ41	

107	26	Q08	Does the child have or has they ever had, any of the following illnesses or health problems? Give the child's age at the first sign of the illness. If the child no longer has the illness, state the age when they recovered.	7. Too little weight gain	If yes, the first sign of illness started at Age / Child no longer has the illness Age / Yes, still have the illness / The illness is diagnosed by a doctor		JJ43	JJ44	JJ45	JJ46	
108	26	Q08	Does the child have or has they ever had, any of the following illnesses or health problems? Give the child's age at the first sign of the illness. If the child no longer has the illness, state the age when they recovered.	8. Trouble sleeping	If yes, the first sign of illness started at Age / Child no longer has the illness Age / Yes, still have the illness / The illness is diagnosed by a doctor		JJ48	JJ49	JJ50	JJ51	
109	26	Q08	Does the child have or has they ever had, any of the following illnesses or health problems? Give the child's age at the first sign of	9. Rheumatoid/arthritis	If yes, the first sign of illness started at Age / Child no longer has the illness Age / Yes, still have the illness /		JJ53	JJ54	JJ55	JJ56	

			the illness. If the child no longer has the illness, state the age when they recovered.		The illness is diagnosed by a doctor						
110	26	Q08	Does the child have or has they ever had, any of the following illnesses or health problems? Give the child's age at the first sign of the illness. If the child no longer has the illness, state the age when they recovered.	10. Heart defects	If yes, the first sign of illness started at Age / Child no longer has the illness Age / Yes, still have the illness / The illness is diagnosed by a doctor		JJ58	JJ59	JJ60	JJ61	
111	26	Q08	Does the child have or has they ever had, any of the following illnesses or health problems? Give the child's age at the first sign of the illness. If the child no longer has the illness, state the age when they recovered.	11. Crohn disease	If yes, the first sign of illness started at Age / Child no longer has the illness Age / Yes, still have the illness / The illness is diagnosed by a doctor		JJ63	JJ64	JJ65	JJ66	

112	26	Q08	Does the child have or has they ever had, any of the following illnesses or health problems? Give the child's age at the first sign of the illness. If the child no longer has the illness, state the age when they recovered.	12. Ulcerative colitis	If yes, the first sign of illness started at Age / Child no longer has the illness Age / Yes, still have the illness / The illness is diagnosed by a doctor		JJ68	JJ69	JJ70	JJ71	
113	26	Q08	Does the child have or has they ever had, any of the following illnesses or health problems? Give the child's age at the first sign of the illness. If the child no longer has the illness, state the age when they recovered.	13. Chronic fatigue syndrome	If yes, the first sign of illness started at Age / Child no longer has the illness Age / Yes, still have the illness / The illness is diagnosed by a doctor		JJ73	JJ74	JJ75	JJ76	
114	26	Q08	Does the child have or has they ever had, any of the following illnesses or health problems? Give the child's age at the first sign of	14. Celiac Disease	If yes, the first sign of illness started at Age / Child no longer has the illness Age / Yes, still have the illness /		JJ78	JJ79	JJ80	JJ81	

			the illness. If the child no longer has the illness, state the age when they recovered.		The illness is diagnosed by a doctor						
115	26	Q08	Does the child have or has they ever had, any of the following illnesses or health problems? Give the child's age at the first sign of the illness. If the child no longer has the illness, state the age when they recovered.	15. Diabetes	If yes, the first sign of illness started at Age / Child no longer has the illness Age / Yes, still have the illness / The illness is diagnosed by a doctor		JJ83	JJ84	JJ85	JJ86	
116	26	Q08	Does the child have or has they ever had, any of the following illnesses or health problems? Give the child's age at the first sign of the illness. If the child no longer has the illness, state the age when they recovered.	16. Epilepsy	If yes, the first sign of illness started at Age / Child no longer has the illness Age / Yes, still have the illness / The illness is diagnosed by a doctor		JJ88	JJ89	JJ90	JJ91	

117	26	Q08	Does the child have or has they ever had, any of the following illnesses or health problems? Give the child's age at the first sign of the illness. If the child no longer has the illness, state the age when they recovered.	17. Cerebral palsy	If yes, the first sign of illness started at Age / Child no longer has the illness Age / Yes, still have the illness / The illness is diagnosed by a doctor		JJ93	JJ94	JJ95	JJ96	
118	26	Q08	Does the child have or has they ever had, any of the following illnesses or health problems? Give the child's age at the first sign of the illness. If the child no longer has the illness, state the age when they recovered.	18. Anaemia	If yes, the first sign of illness started at Age / Child no longer has the illness Age / Yes, still have the illness / The illness is diagnosed by a doctor		JJ98	JJ99	JJ100	JJ101	
119	26	Q08	Does the child have or has they ever had, any of the following illnesses or health problems? Give the child's age at the first sign of	19. Cancer	If yes, the first sign of illness started at Age / Child no longer has the illness Age / Yes, still have the illness /		JJ103	JJ104	JJ105	JJ106	

			the illness. If the child no longer has the illness, state the age when they recovered.		The illness is diagnosed by a doctor						
120	26	Q08	Does the child have or has they ever had, any of the following illnesses or health problems? Give the child's age at the first sign of the illness. If the child no longer has the illness, state the age when they recovered.	20. Delayed motor development	If yes, the first sign of illness started at Age / Child no longer has the illness Age / Yes, still have the illness / The illness is diagnosed by a doctor		JJ108	JJ109	JJ110	JJ111	
121	26	Q08	Does the child have or has they ever had, any of the following illnesses or health problems? Give the child's age at the first sign of the illness. If the child no longer has the illness, state the age when they recovered.	21. Delayed or deviate language development	If yes, the first sign of illness started at Age / Child no longer has the illness Age / Yes, still have the illness / The illness is diagnosed by a doctor		JJ113	JJ114	JJ115	JJ116	

122	26	Q08	Does the child have or has they ever had, any of the following illnesses or health problems? Give the child's age at the first sign of the illness. If the child no longer has the illness, state the age when they recovered.	22. Hyperactivity/ADHD	If yes, the first sign of illness started at Age / Child no longer has the illness Age / Yes, still have the illness / The illness is diagnosed by a doctor		JJ118	JJ119	JJ120	JJ121	
123	26	Q08	Does the child have or has they ever had, any of the following illnesses or health problems? Give the child's age at the first sign of the illness. If the child no longer has the illness, state the age when they recovered.	23. Autistic characteristics/autism	If yes, the first sign of illness started at Age / Child no longer has the illness Age / Yes, still have the illness / The illness is diagnosed by a doctor		JJ123	JJ124	JJ125	JJ126	
124	26	Q08	Does the child have or has they ever had, any of the following illnesses or health problems? Give the child's age at the first sign of	24. Asperger syndrome	If yes, the first sign of illness started at Age / Child no longer has the illness Age / Yes, still have the illness /		JJ128	JJ129	JJ130	JJ131	

			the illness. If the child no longer has the illness, state the age when they recovered.		The illness is diagnosed by a doctor						
125	26	Q08	Does the child have or has they ever had, any of the following illnesses or health problems? Give the child's age at the first sign of the illness. If the child no longer has the illness, state the age when they recovered.	25. Behavioural problems (difficult and unruly)	If yes, the first sign of illness started at Age / Child no longer has the illness Age / Yes, still have the illness / The illness is diagnosed by a doctor		JJ133	JJ134	JJ135	JJ136	
126	26	Q08	Does the child have or has they ever had, any of the following illnesses or health problems? Give the child's age at the first sign of the illness. If the child no longer has the illness, state the age when they recovered.	26. Emotional difficulties (sad and anxious)	If yes, the first sign of illness started at Age / Child no longer has the illness Age / Yes, still have the illness / The illness is diagnosed by a doctor		JJ138	JJ139	JJ140	JJ141	

127	26	Q08	Does the child have or has they ever had, any of the following illnesses or health problems? Give the child's age at the first sign of the illness. If the child no longer has the illness, state the age when they recovered.	27. Allergy to milk	If yes, the first sign of illness started at Age / Child no longer has the illness Age / Yes, still have the illness / The illness is diagnosed by a doctor		JJ143	JJ144	JJ145	JJ146	
128	26	Q08	Does the child have or has they ever had, any of the following illnesses or health problems? Give the child's age at the first sign of the illness. If the child no longer has the illness, state the age when they recovered.	28. Allergy to egg	If yes, the first sign of illness started at Age / Child no longer has the illness Age / Yes, still have the illness / The illness is diagnosed by a doctor		JJ148	JJ149	JJ150	JJ151	
129	26	Q08	Does the child have or has they ever had, any of the following illnesses or health problems? Give the child's age at the first sign of	29. Allergy to fish	If yes, the first sign of illness started at Age / Child no longer has the illness Age / Yes, still have the illness /		JJ153	JJ154	JJ155	JJ156	

			the illness. If the child no longer has the illness, state the age when they recovered.		The illness is diagnosed by a doctor						
130	26	Q08	Does the child have or has they ever had, any of the following illnesses or health problems? Give the child's age at the first sign of the illness. If the child no longer has the illness, state the age when they recovered.	30. Allergy to other foods	If yes, the first sign of illness started at Age / Child no longer has the illness Age / Yes, still have the illness / The illness is diagnosed by a doctor		JJ158	JJ159	JJ160	JJ161	
131	26	Q08	Does the child have or has they ever had, any of the following illnesses or health problems? Give the child's age at the first sign of the illness. If the child no longer has the illness, state the age when they recovered.	Rye			JJ162				

132	26	Q08	Does the child have or has they ever had, any of the following illnesses or health problems? Give the child's age at the first sign of the illness. If the child no longer has the illness, state the age when they recovered.	Citrus fruits			JJ163				
133	26	Q08	Does the child have or has they ever had, any of the following illnesses or health problems? Give the child's age at the first sign of the illness. If the child no longer has the illness, state the age when they recovered.	Wheat			JJ164				
134	26	Q08	Does the child have or has they ever had, any of the following illnesses or health problems? Give the child's age at the first sign of	Soy			JJ165				

			the illness. If the child no longer has the illness, state the age when they recovered.								
135	26	Q08	Does the child have or has they ever had, any of the following illnesses or health problems? Give the child's age at the first sign of the illness. If the child no longer has the illness, state the age when they recovered.	Shell fish			JJ166				
136	26	Q08	Does the child have or has they ever had, any of the following illnesses or health problems? Give the child's age at the first sign of the illness. If the child no longer has the illness, state the age when they recovered.	Peanuts			JJ167				

137	26	Q08	Does the child have or has they ever had, any of the following illnesses or health problems? Give the child's age at the first sign of the illness. If the child no longer has the illness, state the age when they recovered.	Other nuts			JJ168				
138	27	Q08	During the last year, has the child used medication, spray, inhaler or other medications for treatment of asthma?			1-No 2- Yes	JJ169				
139	27	Q08	During the last year, has the child used medication, spray, inhaler or other medications for treatment of asthma?				JJ403				
140	27	Q08	During the last year, has the child used medication, spray, inhaler or other medications for treatment of asthma?				JJ404				

141	27	Q08	During the last year, has the child used medication, spray, inhaler or other medications for treatment of asthma?			1-Yesterday 2-Last 7 days 3-Last month 4-Last year	JJ172				
142	28	Q08	Has the child ever had, or does the child have, any of the following symptoms or health problems?	1. Tightness/w heezing/whistling in the chest	Has or has had / Before 3 years / 3 years or older /Number of times last 12 months	1-No 2Yes / / /Number 0-99	JJ635	JJ492	JJ493	JJ494	
143	28	Q08	Has the child ever had, or does the child have, any of the following symptoms or health problems?	2. Night cough without a cold	Has or has had / Before 3 years / 3 years or older /Number of times last 12 months	1-No 2Yes / / /Number 0-100	JJ636	JJ184	JJ495	JJ187	
144	28	Q08	Has the child ever had, or does the child have, any of the following symptoms or health problems?	3. Tightness/wheezing in the chest during or after physical exercise	Has or has had / Before 3 years / 3 years or older /Number of times last 12 months	1-No 2Yes / / /Number 0-101	JJ637	JJ189	JJ496	JJ192	
145	28	Q08	Has the child ever had, or does the child have, any of the following symptoms or health problems?	4. Runny nose without a cold	Has or has had / Before 3 years / 3 years or older /Number of times last 12 months	1-No 2Yes / / /Number 0-102	JJ638	JJ194	JJ497	JJ197	

146	28	Q08	Has the child ever had, or does the child have, any of the following symptoms or health problems?	5. Itchy/runny eyes without a cold	Has or has had / Before 3 years / 3 years or older /Number of times last 12 months	1-No 2Yes // /Number 0-103	JJ639	JJ199	JJ498	JJ202	
147	28	Q08	Has the child ever had, or does the child have, any of the following symptoms or health problems?	6. Itchy rash that has come and gone for at least 6 months	Has or has had / Before 3 years / 3 years or older /Number of times last 12 months	1-No 2Yes // /Number 0-104	JJ640	JJ204	JJ499	JJ207	
148	28	Q08	Has the child ever had, or does the child have, any of the following symptoms or health problems?	7. Hives/urticaria	Has or has had / Before 3 years / 3 years or older /Number of times last 12 months	1-No 2Yes // /Number 0-105	JJ641	JJ501	JJ502	JJ503	
149	28	Q08	Has the child ever had, or does the child have, any of the following symptoms or health problems?	8. Stomach pains	Has or has had / Before 3 years / 3 years or older /Number of times last 12 months	1-No 2Yes // /Number 0-106	JJ642	JJ209	JJ504	JJ212	
150	28	Q08	Has the child ever had, or does the child have, any of the following symptoms or health problems?	9. Migraine	Has or has had / Before 3 years / 3 years or older /Number of times last 12 months	1-No 2Yes // /Number 0-107	JJ643	JJ214	JJ505	JJ217	

151	28	Q08	Has the child ever had, or does the child have, any of the following symptoms or health problems?	10. Other headache	Has or has had / Before 3 years / 3 years or older /Number of times last 12 months	1-No 2Yes // /Number 0-108	JJ644	JJ219	JJ506	JJ222	
152	28	Q08	Has the child ever had, or does the child have, any of the following symptoms or health problems?	11. Diarrhoea	Has or has had / Before 3 years / 3 years or older /Number of times last 12 months	1-No 2Yes // /Number 0-109	JJ645	JJ508	JJ509	JJ510	
153	28	Q08	Has the child ever had, or does the child have, any of the following symptoms or health problems?	12. Heartburn/acid reflux	Has or has had / Before 3 years / 3 years or older /Number of times last 12 months	1-No 2Yes // /Number 0-110	JJ646	JJ512	JJ513	JJ514	
154	28	Q08	Has the child ever had, or does the child have, any of the following symptoms or health problems?	13. Ear infection	Has or has had / Before 3 years / 3 years or older /Number of times last 12 months	1-No 2Yes // /Number 0-111	JJ647	JJ239	JJ515	JJ242	
155	28	Q08	Has the child ever had, or does the child have, any of the following symptoms or health problems?	14.Pneumonia/bronchitis	Has or has had / Before 3 years / 3 years or older /Number of times last 12 months	1-No 2Yes // /Number 0-112	JJ648	JJ517	JJ518	JJ519	

156	28	Q08	Has the child ever had, or does the child have, any of the following symptoms or health problems?	15. Urinary tract infection	Has or has had / Before 3 years / 3 years or older /Number of times last 12 months	1-No 2Yes // /Number 0-113	JJ649	JJ254	JJ520	JJ257	
157	28	Q08	Has the child ever had, or does the child have, any of the following symptoms or health problems?	16. Other	Has or has had / Before 3 years / 3 years or older /Number of times last 12 months	1-No 2Yes // /Number 0-114	JJ650	JJ274	JJ521	JJ277	
158	28	Q08	Has the child ever had, or does the child have, any of the following symptoms or health problems?	Other, describe	Has or has had / Before 3 years / 3 years or older /Number of times last 12 months	1-No 2Yes // /Number 0-115	JJ278				
159	28	Q08	Does the child have or has they ever had any of the following illnesses or health problems?	1.Wheezing/whistling in the chest	YesNo/If yes, at what age/If yes, at what age/Number of times in last 12 months	YesNo / 3-5 year/6-7 year/Number of times in the last 12 months Number 0-99	JJ173	JJ175	JJ176	JJ177	
160	28	Q08	Does the child have or has they ever had any of the following illnesses or health problems?	2. Tightness in the chest	YesNo/If yes, at what age/If yes, at what age/Number of times in last 12 months	YesNo / 3-5 year/6-7 year/Number of times in the last 12 months Number 0-100	JJ178	JJ180	JJ181	JJ182	

161	28	Q08	Does the child have or has they ever had any of the following illnesses or health problems?	3. Night cough without a cold	Yes/No/If yes, at what age/If yes, at what age/Number of times in last 12 months	Yes/No / 3-5 year/6-7 year/Number of times in the last 12 months Number 0-101	JJ183	JJ185	JJ186	JJ187	
162	28	Q08	Does the child have or has they ever had any of the following illnesses or health problems?	4. Tightness/wheezing in the chest during or after physical exercise	Yes/No/If yes, at what age/If yes, at what age/Number of times in last 12 months	Yes/No / 3-5 year/6-7 year/Number of times in the last 12 months Number 0-102	JJ188	JJ190	JJ191	JJ192	
163	28	Q08	Does the child have or has they ever had any of the following illnesses or health problems?	5. Runny nose without a cold	Yes/No/If yes, at what age/If yes, at what age/Number of times in last 12 months	Yes/No / 3-5 year/6-7 year/Number of times in the last 12 months Number 0-103	JJ193	JJ195	JJ196	JJ197	
164	28	Q08	Does the child have or has they ever had any of the following illnesses or health problems?	6. Itchy/runny eyes without a cold	Yes/No/If yes, at what age/If yes, at what age/Number of times in last 12 months	Yes/No / 3-5 year/6-7 year/Number of times in the last 12 months Number 0-104	JJ198	JJ200	JJ201	JJ202	
165	28	Q08	Does the child have or has they ever had any of the following illnesses or health problems?	7. Itchy rash that has come and gone for at least 6 months	Yes/No/If yes, at what age/If yes, at what age/Number of times in last 12 months	Yes/No / 3-5 year/6-7 year/Number of times in the last 12 months Number 0-105	JJ203	JJ205	JJ206	JJ207	

166	28	Q08	Does the child have or has they ever had any of the following illnesses or health problems?	8. Stomach pains	YesNo/If yes, at what age/If yes, at what age/Number of times in last 12 months	YesNo / 3-5 year/6-7 year/Number of times in the last 12 months Number 0-106	JJ208	JJ210	JJ211	JJ212	
167	28	Q08	Does the child have or has they ever had any of the following illnesses or health problems?	9. Migraine	YesNo/If yes, at what age/If yes, at what age/Number of times in last 12 months	YesNo / 3-5 year/6-7 year/Number of times in the last 12 months Number 0-107	JJ213	JJ215	JJ216	JJ217	
168	28	Q08	Does the child have or has they ever had any of the following illnesses or health problems?	10. Other headache	YesNo/If yes, at what age/If yes, at what age/Number of times in last 12 months	YesNo / 3-5 year/6-7 year/Number of times in the last 12 months Number 0-108	JJ218	JJ220	JJ221	JJ222	
169	28	Q08	Does the child have or has they ever had any of the following illnesses or health problems?	11. Vomiting or diarrhoea	YesNo/If yes, at what age/If yes, at what age/Number of times in last 12 months	YesNo / 3-5 year/6-7 year/Number of times in the last 12 months Number 0-109	JJ223	JJ225	JJ226	JJ227	
170	28	Q08	Does the child have or has they ever had any of the following illnesses or health problems?	12. Fever cramps	YesNo/If yes, at what age/If yes, at what age/Number of times in last 12 months	YesNo / 3-5 year/6-7 year/Number of times in the last 12 months Number 0-110	JJ228	JJ230	JJ231	JJ232	

171	28	Q08	Does the child have or has they ever had any of the following illnesses or health problems?	13. Throat infection	Yes/No/If yes, at what age/If yes, at what age/Number of times in last 12 months	Yes/No / 3-5 year/6-7 year/Number of times in the last 12 months Number 0-111	JJ233	JJ235	JJ236	JJ237	
172	28	Q08	Does the child have or has they ever had any of the following illnesses or health problems?	14. Ear infection	Yes/No/If yes, at what age/If yes, at what age/Number of times in last 12 months	Yes/No / 3-5 year/6-7 year/Number of times in the last 12 months Number 0-112	JJ238	JJ240	JJ241	JJ242	
173	28	Q08	Does the child have or has they ever had any of the following illnesses or health problems?	15. Bronchitis	Yes/No/If yes, at what age/If yes, at what age/Number of times in last 12 months	Yes/No / 3-5 year/6-7 year/Number of times in the last 12 months Number 0-113	JJ243	JJ245	JJ246	JJ247	
174	28	Q08	Does the child have or has they ever had any of the following illnesses or health problems?	16. Pneumonia	Yes/No/If yes, at what age/If yes, at what age/Number of times in last 12 months	Yes/No / 3-5 year/6-7 year/Number of times in the last 12 months Number 0-114	JJ248	JJ250	JJ251	JJ252	
175	28	Q08	Does the child have or has they ever had any of the following illnesses or health problems?	17. Urinary tract infection	Yes/No/If yes, at what age/If yes, at what age/Number of times in last 12 months	Yes/No / 3-5 year/6-7 year/Number of times in the last 12 months Number 0-115	JJ253	JJ255	JJ256	JJ257	

176	28	Q08	Does the child have or has they ever had any of the following illnesses or health problems?	18. Bone fractures	Yes/No/If yes, at what age/If yes, at what age/Number of times in last 12 months	Yes/No / 3-5 year/6-7 year/Number of times in the last 12 months Number 0-116	JJ258	JJ260	JJ261	JJ262	
177	28	Q08	Does the child have or has they ever had any of the following illnesses or health problems?	19. Other injuries	Yes/No/If yes, at what age/If yes, at what age/Number of times in last 12 months	Yes/No / 3-5 year/6-7 year/Number of times in the last 12 months Number 0-117	JJ263	JJ265	JJ266	JJ267	
178	28	Q08	Does the child have or has they ever had any of the following illnesses or health problems?	20. Meningitis	Yes/No/If yes, at what age/If yes, at what age/Number of times in last 12 months	Yes/No / 3-5 year/6-7 year/Number of times in the last 12 months Number 0-118	JJ268	JJ270	JJ271	JJ272	
179	28	Q08	Does the child have or has they ever had any of the following illnesses or health problems?	21. Other symptoms or illnesses (diseases?)	Yes/No/If yes, at what age/If yes, at what age/Number of times in last 12 months	Yes/No / 3-5 year/6-7 year/Number of times in the last 12 months Number 0-119	JJ273	JJ275	JJ276	JJ277	
180	28	Q08	Does the child have or has they ever had any of the following illnesses or health problems?	Other, describe	Yes/No/If yes, at what age/If yes, at what age/Number of times in last 12 months	Yes/No / 3-5 year/6-7 year/Number of times in the last 12 months Number 0-120	JJ278				

181	29	Q08	Does your child take any of the following dietary supplements? (Enter a cross for each line, for both frequency, amount and write brand name)	1. Cod liver oil	No. of times per week / Amount per time	1) 6-7 4-5 3)1-3 4) <1 5) 0 / 1)1tsp 2)1childsp 3)1dessertsp	JJ522	JJ523			
182	29	Q08	Does your child take any of the following dietary supplements? (Enter a cross for each line, for both frequency, amount and write brand name)	2. Omega 3,	No. of times per week / Amount per time	1) 6-7 4-5 3)1-3 4) <1 5) 0 / 1)1tsp 2)1childsp 3)1dessertsp	JJ524	JJ525			
183	29	Q08	Does your child take any of the following dietary supplements? (Enter a cross for each line, for both frequency, amount and write brand name)	Omega 3, brand name:	No. of times per week / Amount per time	1) 6-7 4-5 3)1-3 4) <1 5) 0 / 1)1tsp 2)1childsp 3)1dessertsp		JJ611			
184	29	Q08	Does your child take any of the following dietary supplements? (Enter a cross for each line, for both frequency,	3. Sanasol/Biovit	No. of times per week / Amount per time	1) 6-7 4-5 3)1-3 4) <1 5) 0 / 1)1tsp 2)1childsp 3)1dessertsp	JJ527	JJ528			

			amount and write brand name)								
185	29	Q08	Does your child take any of the following dietary supplements? (Enter a cross for each line, for both frequency, amount and write brand name)	4. Other liquid dietary supplement	No. of times per week / Amount per time	1) 6-7 4-5 3)1-3 4) <1 5) 0 / 1)1tsp 2)1childsp 3)1dessertsp	JJ529	JJ530			
186	29	Q08	Does your child take any of the following dietary supplements? (Enter a cross for each line, for both frequency, amount and write brand name)	Other liquid dietary supplement, brand name:	No. of times per week / Amount per time	1) 6-7 4-5 3)1-3 4) <1 5) 0 / 1)1tsp 2)1childsp 3)1dessertsp		JJ612			
187	29	Q08	Does your child take any of the following dietary supplements? (Enter a cross for each line, for both frequency, amount and write brand name)	1. Omega 3	No. of times per week / Amount per time	1) 6-7 4-5 3)1-3 4) <1 5) 0 / 1)1tsp 2)1childsp 3)1dessertsp	JJ532	JJ533			
188	29	Q08	Does your child take any of the following dietary supplements? (Enter a cross for	Omega 3, brand name:	No. of times per week / Amount per time	1) 6-7 4-5 3)1-3 4) <1 5) 0 / 1)1tsp 2)1childsp 3)1dessertsp		JJ613			

			each line, for both frequency, amount and write brand name)								
189	29	Q08	Does your child take any of the following dietary supplements? (Enter a cross for each line, for both frequency, amount and write brand name)	2. Cod liver oil	No. of times per week / Amount per time	1) 6-7 4-5 3)1-3 4) <1 5) 0 / 1)1tsp 2)1childsp 3)1dessertsp	JJ535	JJ536			
190	29	Q08	Does your child take any of the following dietary supplements? (Enter a cross for each line, for both frequency, amount and write brand name)	3. Multivitamins	No. of times per week / Amount per time	1) 6-7 4-5 3)1-3 4) <1 5) 0 / 1)1tsp 2)1childsp 3)1dessertsp	JJ537	JJ538			
191	29	Q08	Does your child take any of the following dietary supplements? (Enter a cross for each line, for both frequency, amount and write brand name)	Multivitamins, brand name:	No. of times per week / Amount per time	1) 6-7 4-5 3)1-3 4) <1 5) 0 / 1)1tsp 2)1childsp 3)1dessertsp		JJ406			
192	29	Q08	Does your child take any of the following dietary supplements?	4. Fluoride tablets	No. of times per week / Amount per time	1) 6-7 4-5 3)1-3 4) <1 5) 0 / 1)1tsp	JJ539	JJ540			

			(Enter a cross for each line, for both frequency, amount and write brand name)			2)1childsp 3)1dessertsp					
193	29	Q08	Does your child take any of the following dietary supplements? (Enter a cross for each line, for both frequency, amount and write brand name)	5. Other dietary supplements	No. of times per week / Amount per time	1) 6-7 4-5 3)1-3 4) <1 5) 0 / 1)1tsp 2)1childsp 3)1dessertsp	JJ541	JJ542			
194	29	Q08	Does your child take any of the following dietary supplements? (Enter a cross for each line, for both frequency, amount and write brand name)	Other dietary supplements, brand name:	No. of times per week / Amount per time	1) 6-7 4-5 3)1-3 4) <1 5) 0 / 1)1tsp 2)1childsp 3)1dessertsp		JJ407			
195	30	Q08	How many slices of bread/crisp bread does your child usually eat per day?	White bread		Number 0-99	JJ339				
196	30	Q08	How many slices of bread/crisp bread does your child usually eat per day?	Medium refined grain bread		Number 0-100	JJ340				
197	30	Q08	How many slices of bread/crisp	Whole grain		Number 0-101	JJ341				

			bread does your child usually eat per day?								
198	30	Q08	How many slices of bread/crisp bread does your child usually eat per day?	Crisp bread		Number 0-102	JJ342				
199	31	Q08	How often does your child usually eat the following?	Carrot		1) Never/seldom 1-3 times per month 1-2 times per week 3-4 times per week 5-6 times per week 1 time or more per day	JJ376				
200	31	Q08	How often does your child usually eat the following?	Cabbage, cauliflower, broccoli		1) Never/seldom 1-3 times per month 1-2 times per week 3-4 times per week 5-6 times per week 1 time or more per day	JJ378				
201	31	Q08	How often does your child usually eat the following?	Lettuce		1) Never/seldom 1-3 times per month 1-2 times per	JJ543				

						week 3-4 times per week 5-6 times per week 1 time or more per day					
202	31	Q08	How often does your child usually eat the following?	Potatoes		1) Never/seldom 1-3 times per month 1-2 times per week 3-4 times per week 5-6 times per week 1 time or more per day	JJ374				
203	31	Q08	How often does your child usually eat the following?	Other vegetables		1) Never/seldom 1-3 times per month 1-2 times per week 3-4 times per week 5-6 times per week 1 time or more per day	JJ381				
204	31	Q08	How often does your child usually eat the following?	Oranges, clementine		1) Never/seldom 1-3 times per month 1-2 times per week 3-4 times per	JJ382				

						week 5-6 times per week 1 time or more per day					
205	31	Q08	How often does your child usually eat the following?	Apple, pear, grapes		1) Never/seldom 1-3 times per month 1-2 times per week 3-4 times per week 5-6 times per week 1 time or more per day	JJ544				
206	31	Q08	How often does your child usually eat the following?	Banana		1) Never/seldom 1-3 times per month 1-2 times per week 3-4 times per week 5-6 times per week 1 time or more per day	JJ383				
207	31	Q08	How often does your child usually eat the following?	Other fresh fruit or berries		1) Never/seldom 1-3 times per month 1-2 times per week 3-4 times per week 5-6 times per	JJ386				

						week 1 time or more per day					
208	31	Q08	How often does your child usually eat the following?	Ecologically grown fruits/vegetables		1) Never/seldom 1-3 times per month 1-2 times per week 3-4 times per week 5-6 times per week 1 time or more per day	JJ387				
209	31	Q08	How often does your child usually eat the following?	Sliced meat, liver pate, bologna or similar		1) Never/seldom 1-3 times per month 1-2 times per week 3-4 times per week 5-6 times per week 1 time or more per day	JJ344				
210	31	Q08	How often does your child usually eat the following?	Fish spread, including roe		1) Never/seldom 1-3 times per month 1-2 times per week 3-4 times per week 5-6 times per	JJ345				

						week 1 time or more per day					
211	31	Q08	How often does your child usually eat the following?	Cheese (white/brown), cheese spread		1) Never/seldom 1-3 times per month 1-2 times per week 3-4 times per week 5-6 times per week 1 time or more per day	JJ343				
212	31	Q08	How often does your child usually eat the following?	Jam		1) Never/seldom 1-3 times per month 1-2 times per week 3-4 times per week 5-6 times per week 1 time or more per day	JJ545				
213	31	Q08	How often does your child usually eat the following?	Chocolate and nut spread		1) Never/seldom 1-3 times per month 1-2 times per week 3-4 times per week 5-6 times per week	JJ348				

						week 1 time or more per day					
214	31	Q08	How often does your child usually eat the following?	Peanut butter		1) Never/seldom 1-3 times per month 1-2 times per week 3-4 times per week 5-6 times per week 1 time or more per day	JJ546				
215	31	Q08	How often does your child usually eat the following?	Cornflakes, Honeycorn, Frosties or similar		1) Never/seldom 1-3 times per month 1-2 times per week 3-4 times per week 5-6 times per week 1 time or more per day	JJ349				
216	31	Q08	How often does your child usually eat the following?	Muesli/oatmeal		1) Never/seldom 1-3 times per month 1-2 times per week 3-4 times per week 5-6 times per	JJ547				

						week 1 time or more per day					
217	31	Q08	How often does your child usually eat the following?	Yogurt (all types)		1) Never/seldom 1-3 times per month 1-2 times per week 3-4 times per week 5-6 times per week 1 time or more per day	JJ548				
218	31	Q08	How often does your child usually eat the following?	Egg		1) Never/seldom 1-3 times per month 1-2 times per week 3-4 times per week 5-6 times per week 1 time or more per day	JJ346				
219	31	Q08	How often does your child usually eat the following?	Rice, spaghetti, pasta		1) Never/seldom 1-3 times per month 1-2 times per week 3-4 times per week 5-6 times per	JJ375				

						week 1 time or more per day					
220	31	Q08	How often does your child usually eat the following?	Fatty fish (salmon, mackerel, herring)		1) Never/seldom 1-3 times per month 1-2 times per week 3-4 times per week 5-6 times per week 1 time or more per day	JJ364				
221	31	Q08	How often does your child usually eat the following?	Other fish (cod, Pollock or similar)		1) Never/seldom 1-3 times per month 1-2 times per week 3-4 times per week 5-6 times per week 1 time or more per day	JJ365				
222	31	Q08	How often does your child usually eat the following?	Fish balls/fish pudding or similar		1) Never/seldom 1-3 times per month 1-2 times per week 3-4 times per week 5-6 times per	JJ366				

						week 1 time or more per day					
223	31	Q08	How often does your child usually eat the following?	Shell fish		1) Never/seldom 1-3 times per month 1-2 times per week 3-4 times per week 5-6 times per week 1 time or more per day	JJ549				
224	31	Q08	How often does your child usually eat the following?	Pure meat (chops, steak etc.)		1) Never/seldom 1-3 times per month 1-2 times per week 3-4 times per week 5-6 times per week 1 time or more per day	JJ550				
225	31	Q08	How often does your child usually eat the following?	Pizza		1) Never/seldom 1-3 times per month 1-2 times per week 3-4 times per week 5-6 times per	JJ371				

						week 1 time or more per day					
226	31	Q08	How often does your child usually eat the following?	Processed meats (beef- patties, sausages, meat balls)		1) Never/seldom 1-3 times per month 1-2 times per week 3-4 times per week 5-6 times per week 1 time or more per day	JJ551				
227	31	Q08	How often does your child usually eat the following?	Vegetarian dishes		1) Never/seldom 1-3 times per month 1-2 times per week 3-4 times per week 5-6 times per week 1 time or more per day	JJ373				
228	31	Q08	How often does your child usually eat the following?	Pancakes		1) Never/seldom 1-3 times per month 1-2 times per week 3-4 times per week 5-6 times per	JJ372				

						week 1 time or more per day					
229	31	Q08	How often does your child usually eat the following?	Sweet buns/waffles/cakes		1) Never/seldom 1-3 times per month 1-2 times per week 3-4 times per week 5-6 times per week 1 time or more per day	JJ388				
230	31	Q08	How often does your child usually eat the following?	Ice cream and milk based desserts		1) Never/seldom 1-3 times per month 1-2 times per week 3-4 times per week 5-6 times per week 1 time or more per day	JJ389				
231	31	Q08	How often does your child usually eat the following?	Chocolate, sweets/candy		1) Never/seldom 1-3 times per month 1-2 times per week 3-4 times per week 5-6 times per	JJ390				

						week 1 time or more per day					
232	31	Q08	How often does your child usually eat the following?	Peanuts		1) Never/seldom 1-3 times per month 1-2 times per week 3-4 times per week 5-6 times per week 1 time or more per day	JJ391				
233	31	Q08	How often does your child usually eat the following?	Other nuts		1) Never/seldom 1-3 times per month 1-2 times per week 3-4 times per week 5-6 times per week 1 time or more per day	JJ552				
234	31	Q08	How often does your child usually eat the following?	Potato crisps or similar		1) Never/seldom 1-3 times per month 1-2 times per week 3-4 times per week 5-6 times per	JJ392				

						week 1 time or more per day					
235	32	Q08	How often does your child usually drink the following?	Whole fat milk (sweet/sour)		1) Never/seldom 1-3 glasses per month 1-3 glasses per week 4-6 glasses per week 1-3 glasses per day 4 glasses or more per day	JJ353				
236	32	Q08	How often does your child usually drink the following?	Low fat-and skimmed milk		1) Never/seldom 1-3 glasses per month 1-3 glasses per week 4-6 glasses per week 1-3 glasses per day 4 glasses or more per day	JJ354				
237	32	Q08	How often does your child usually drink the following?	Chocolate milk		1) Never/seldom 1-3 glasses per month 1-3 glasses per week 4-6 glasses per week 1-3 glasses per day	JJ355				

						4 glasses or more per day					
238	32	Q08	How often does your child usually drink the following?	Biola/Cultured milk		1) Never/seldom 1-3 glasses per month 1-3 glasses per week 4-6 glasses per week 1-3 glasses per day 4 glasses or more per day	JJ356				
239	32	Q08	How often does your child usually drink the following?	Orange juice, other juice		1) Never/seldom 1-3 glasses per month 1-3 glasses per week 4-6 glasses per week 1-3 glasses per day 4 glasses or more per day	JJ357				
240	32	Q08	How often does your child usually drink the following?	Apple nectar/other nectar		1) Never/seldom 1-3 glasses per month 1-3 glasses per week 4-6 glasses per week 1-3 glasses per day 4 glasses or more per day	JJ358				

						4 glasses or more per day					
241	32	Q08	How often does your child usually drink the following?	Diluting squash with added sugar		1) Never/seldom 1-3 glasses per month 1-3 glasses per week 4-6 glasses per week 1-3 glasses per day 4 glasses or more per day	JJ359				
242	32	Q08	How often does your child usually drink the following?	Artificially sweetened diluting squash		1) Never/seldom 1-3 glasses per month 1-3 glasses per week 4-6 glasses per week 1-3 glasses per day 4 glasses or more per day	JJ360				
243	32	Q08	How often does your child usually drink the following?	Sodas with sugar (Coke or similar)		1) Never/seldom 1-3 glasses per month 1-3 glasses per week 4-6 glasses per week 1-3 glasses per day	JJ361				

						4 glasses or more per day					
244	32	Q08	How often does your child usually drink the following?	Diet sodas		1) Never/seldom 1-3 glasses per month 1-3 glasses per week 4-6 glasses per week 1-3 glasses per day 4 glasses or more per day	JJ362				
245	32	Q08	How often does your child usually drink the following?	Water		1) Never/seldom 1-3 glasses per month 1-3 glasses per week 4-6 glasses per week 1-3 glasses per day 4 glasses or more per day	JJ363				
246	33	Q08	How old was the child when they lost their first milk tooth?	Age			JJ332				
247	33	Q08	How old was the child when they lost their first milk tooth?	Don't remember			JJ333				

248	33	Q08	How old was the child when they lost their first milk tooth?	Hasn't lost one yet			JJ334					
249	33	Q08	How old was the child when they got their first milk tooth?	Age			JJ330					
250	33	Q08	How old was the child when they got their first milk tooth?	Don't remember			JJ331					
251	34	Q08	How often are the child's teeth brushed by the child or others?			1- Twice daily or more often Once daily Sometimes Never/seldom	JJ335					
252	35	Q08	Have any cavities or early stages for cavities been found in the child's teeth?			1- No Yes	JJ553					
253	35	Q08	Has the child got filling in some of their teeth?			1- No Yes	JJ337					
254	36	Q08	Does the child get help to brush their teeth?			1- Twice daily or more often Once daily Sometimes Never/seldom	JJ554					
255	37	Q08	Does the child use dental floss (with help)?			1- Once daily Sometimes Never/seldom	JJ555					
256	37	Q08	Does the child use fluoride tablets?			1-No 2-Yes 3- Sometimes	JJ338					

257	38	Q08	Do you or have you ever had, any of the following illnesses or health problems?	1. Asthma	Yes Confirmed by a doctor? / Yes / Symptoms started at Age / Symptoms the last year? / 1-No 2-Yes / Used medication for this during the last 12 months? / Yes	JJ556	JJ557	JJ558	JJ559	JJ560
258	38	Q08	Do you or have you ever had, any of the following illnesses or health problems?	2. Pollen allergy/hay fever	Yes Confirmed by a doctor? / Yes / Symptoms started at Age / Symptoms the last year? / 1-No 2-Yes / Used medication for this during the last 12 months? / Yes	JJ561	JJ562	JJ563	JJ564	JJ565
259	38	Q08	Do you or have you ever had, any of the following illnesses or health problems?	3. Tightness/wheezing/whistling in chest	Yes Confirmed by a doctor? / Yes / Symptoms started at Age / Symptoms the last year? / 1-No 2-Yes / Used medication for	JJ566	JJ567	JJ568	JJ569	JJ570

						this during the last 12 months? / Yes					
260	39	Q08	Do you have, or have you ever had, a food allergy?			1-No 2-Yes 3-Don't know	JJ571				
261	40	Q08	If yes, have you had an allergy to the following foods?	1. Allergy to milk	Yes/ Age when allergy started / Eaten this last year / Still allergic	Yes / Younger than 18 years old Older than 18 years old / Yes No	JJ572	JJ573	JJ574	JJ575	
262	40	Q08	If yes, have you had an allergy to the following foods?	2. Allergy to egg	Yes/ Age when allergy started / Eaten this last year / Still allergic	Yes / Younger than 18 years old Older than 18 years old / Yes No	JJ576	JJ577	JJ578	JJ579	
263	40	Q08	If yes, have you had an allergy to the following foods?	3. Allergy to peanuts	Yes/ Age when allergy started / Eaten this last year / Still allergic	Yes / Younger than 18 years old Older than 18 years old / Yes No	JJ580	JJ581	JJ582	JJ583	
264	40	Q08	If yes, have you had an allergy to the following foods?	4. Allergy to other nuts	Yes/ Age when allergy started / Eaten this last year / Still allergic	Yes / Younger than 18 years old Older than 18 years old / Yes No	JJ584	JJ585	JJ586	JJ587	
265	40	Q08	If yes, have you had an allergy to the following foods?	5. Allergy to shellfish	Yes/ Age when allergy started / Eaten this last year / Still allergic	Yes / Younger than 18 years old Older than 18 years old / Yes No	JJ588	JJ589	JJ590	JJ591	
266	40	Q08	If yes, have you had an allergy to	6. Allergy to fish	Yes/ Age when allergy	Yes / Younger than 18 years	JJ592	JJ593	JJ594	JJ595	

			the following foods?		started / Eaten this last year / Still allergic	old Older than 18 years old / Yes No					
267	40	Q08	If yes, have you had an allergy to the following foods?	7. Allergy to fruit	Yes/ Age when allergy started / Eaten this last year / Still allergic	Yes / Younger than 18 years old Older than 18 years old / Yes No	JJ596	JJ597	JJ598	JJ599	
268	40	Q08	If yes, have you had an allergy to the following foods?	8. Allergy to other foods	Yes/ Age when allergy started / Eaten this last year / Still allergic	Yes / Younger than 18 years old Older than 18 years old / Yes No	JJ600	JJ601	JJ602	JJ603	
269	40	Q08	If yes, have you had an allergy to the following foods?	Wheat	Yes		JJ604				
270	40	Q08	If yes, have you had an allergy to the following foods?	Soy	Yes		JJ605				
271	40	Q08	If yes, have you had an allergy to the following foods?	Rye	Yes		JJ606				
272	40	Q08	If yes, have you had an allergy to the following foods?	Other	Yes		JJ607				
273	40	Q08	If yes, have you had an allergy to the following foods?	Other, describe			JJ608				