|  |  |  |  |
| --- | --- | --- | --- |
| **1** | **Date of birth?** | Day | FF12 |
|  |  | Month | FF13 |
|  |  | Year | FF14 |
| **2** | **Marital status?** | 1=Married;2=Cohabitant; 3=Single;4=Divorced;5=Separated; 6=Widow;7=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?** *Completed* | 1=Secondary school; 2=Further education 1-2 years; 3=Further education-vocational; 4=Further education 3 years; 5=Higher education (University/college), <4 years; 6=Higher education (University/college), >4 years; 7=Other education | FF16; FF18 |
| **10** | **What level of education do you have?** *Ongoing* | 1=Secondary school; 2=Further education 1-2 years; 3=Further education-vocational; 4=Further education 3 years; 5=Higher education (University/college), <4 years; 6=Higher education (University/college), >4 years;7=Other education | FF17; FF19 |
| **11** | **What is your work situation now?** | Student | FF20 |
|  | **What is your work situation now?** | At home | FF21 |
|  | **What is your work situation now?** | Intern/apprentice | FF22 |
|  | **What is your work situation now?** | Military service | FF23 |
|  | **What is your work situation now?** | Unemployed/laid off | FF24 |
|  | **What is your work situation now?** | Rehabilitation/disabled | FF25 |
|  | **What is your work situation now?** | Employed in public sector | FF26 |
|  | **What is your work situation now?** | Employed in private sector | FF27 |
|  | **What is your work situation now?** | Self-employed | FF28 |
|  | **What is your work situation now?** | Family member without steady income in family company (ex. Farming, business) | FF29 |
|  | **What is your work situation now?** | Other | FF30 |
|  | **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? (*Include child support, unemployment benefits and other allowances.)*** | 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 |
|  | Benefits for vocational rehabilitation | No; Yes | FF348 |
|  | Disability pension/limited disability pension | No; Yes | FF351 |
|  | Social security payments | No; Yes | FF354 |
|  | Unemployment benefit | No; Yes | FF357 |
|  | Other benefits | No; Yes | FF360 |
|  | Sick pay/rehabilitation money | *If yes, from when?* Month | FF346 |
|  | Benefits for vocational rehabilitation | *If yes, from when?* Month | FF349 |
|  | Disability pension/limited disability pension | *If yes, from when?* Month | FF352 |
|  | Social security payments | *If yes, from when?* Month | FF355 |
|  | Unemployment benefit | *If yes, from when?* Month | FF358 |
|  | Other benefits | *If yes, from when?* Month | FF361 |
|  | Sick pay/rehabilitation money | *If yes, from when?* Year | FF347 |
|  | Benefits for vocational rehabilitation | *If yes, from when?* Year | FF350 |
|  | Disability pension/limited disability pension | *If yes, from when?* Year | FF353 |
|  | Social security payments | *If yes, from when?* Year | FF356 |
|  | Unemployment benefit | *If yes, from when?* Year | FF359 |
|  | 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 |
|  | 2. Chrome, arsenic, cadmium or combinations of these | Yes; No | FF38 |
|  | 3. Gasoline or exhaust (does not apply to filling gasoline in your own car) | Yes; No | FF42 |
|  | 4. Mercury vapors, mercury or work with amalgam fillings (does not apply to your own dental treatment) | Yes; No | FF46 |
|  | 5. Disinfectants, vermin poisons | Yes; No | FF50 |
|  | 6. Weed killers, insecticides, fungicides | Yes; No | FF54 |
|  | 7. Oil-based paint | Yes; No | FF58 |
|  | 8. Water-based or latex paint | Yes; No | FF62 |
|  | 9. Paint thinner, paint-lacquer-glue remover or other solvents (ex. lynol, turpentine, toluene, carbon tetrachloride) | Yes; No | FF66 |
|  | 10. Industrial dyes or ink | Yes; No | FF70 |
|  | 11. Motor oil, lubrication oil or other types of oil | Yes; No | FF74 |
|  | 12. Photographic chemicals (fixatives or developers) | Yes; No | FF78 |
|  | 13. Substances used in welding | Yes; No | FF82 |
|  | 14. Substances used in soldering | Yes; No | FF86 |
|  | 15. Formalin/formaldehyde | Yes; No | FF90 |
|  | 16. Chemotherapeutic substances/ chemotherapy treatment (does not apply to your own medical treatment) | Yes; No | FF94 |
|  | 17. Chemotherapy (taken in treatment as a patient) | Yes; No | FF364 |
|  | 18. Laughing gas or other anesthetic gases (does not apply to you own treatment as a patient) | Yes; No | FF98 |
|  | 19. Other substances and conditions | Yes; No | FF102 |
|  | 1. Lead vapors, lead dust, lead particles or lead alloys | *If yes, number of days* | FF35 |
|  | 2. Chrome, arsenic, cadmium or combinations of these | *If yes, number of days* | FF39 |
|  | 3. Gasoline or exhaust (does not apply to filling gasoline in your own car) | *If yes, number of days* | FF43 |
|  | 4. Mercury vapors, mercury or work with amalgam fillings (does not apply to your own dental treatment) | *If yes, number of days* | FF47 |
|  | 5. Disinfectants, vermin poisons | *If yes, number of days* | FF51 |
|  | 6. Weed killers, insecticides, fungicides | *If yes, number of days* | FF55 |
|  | 7. Oil-based paint | *If yes, number of days* | FF59 |
|  | 8. Water-based or latex paint | *If yes, number of days* | FF63 |
|  | 9. Paint thinner, paint-lacquer-glue remover or other solvents (ex. lynol, turpentine, toluene, carbon tetrachloride) | *If yes, number of days* | FF67 |
|  | 10. Industrial dyes or ink | *If yes, number of days* | FF71 |
|  | 11. Motor oil, lubrication oil or other types of oil | *If yes, number of days* | FF75 |
|  | 12. Photographic chemicals (fixatives or developers) | *If yes, number of days* | FF79 |
|  | 13. Substances used in welding | *If yes, number of days* | FF83 |
|  | 14. Substances used in soldering | *If yes, number of days* | FF87 |
|  | 15. Formalin/formaldehyde | *If yes, number of days* | FF91 |
|  | 16. Chemotherapeutic substances/ chemotherapy treatment (does not apply to your own medical treatment) | *If yes, number of days* | FF95 |
|  | 17. Chemotherapy (taken in treatment as a patient) | *If yes, number of days* | FF365 |
|  | 18. Laughing gas or other anesthetic gases (does not apply to you own treatment as a patient) | *If yes, number of days* | FF99 |
|  | 19. Other substances and conditions | *If yes, number of days* | FF103 |
|  | 1. Lead vapors, lead dust, lead particles or lead alloys | Fill in if you have used a extractor fan or breathing protection | FF36 |
|  | 2. Chrome, arsenic, cadmium or combinations of these | Fill in if you have used a extractor fan or breathing protection | FF40 |
|  | 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 |
|  | 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 |
|  | 5. Disinfectants, vermin poisons | Fill in if you have used a extractor fan or breathing protection | FF52 |
|  | 6. Weed killers, insecticides, fungicides | Fill in if you have used a extractor fan or breathing protection | FF56 |
|  | 7. Oil-based paint | Fill in if you have used a extractor fan or breathing protection | FF60 |
|  | 8. Water-based or latex paint | Fill in if you have used a extractor fan or breathing protection | FF64 |
|  | 9. Paint thinner, paint-lacquer-glue remover or other solvents (ex. lynol, turpentine, toluene, carbon tetrachloride) | Fill in if you have used a extractor fan or breathing protection | FF68 |
|  | 10. Industrial dyes or ink | Fill in if you have used a extractor fan or breathing protection | FF72 |
|  | 11. Motor oil, lubrication oil or other types of oil | Fill in if you have used a extractor fan or breathing protection | FF76 |
|  | 12. Photographic chemicals (fixatives or developers) | Fill in if you have used a extractor fan or breathing protection | FF80 |
|  | 13. Substances used in welding | Fill in if you have used a extractor fan or breathing protection | FF84 |
|  | 14. Substances used in soldering | Fill in if you have used a extractor fan or breathing protection | FF88 |
|  | 15. Formalin/formaldehyde | Fill in if you have used a extractor fan or breathing protection | FF92 |
|  | 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 |
|  | 17. Chemotherapy (taken in treatment as a patient) | Fill in if you have used a extractor fan or breathing protection | FF366 |
|  | 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 |
|  | 19. Other substances and conditions | Fill in if you have used a extractor fan or breathing protection | FF104 |
|  | 1. Lead vapors, lead dust, lead particles or lead alloys | Fill in if you have used protective gloves | FF37 |
|  | 2. Chrome, arsenic, cadmium or combinations of these | Fill in if you have used protective gloves | FF41 |
|  | 3. Gasoline or exhaust (does not apply to filling gasoline in your own car) | Fill in if you have used protective gloves | FF45 |
|  | 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 |
|  | 5. Disinfectants, vermin poisons | Fill in if you have used protective gloves | FF53 |
|  | 6. Weed killers, insecticides, fungicides | Fill in if you have used protective gloves | FF57 |
|  | 7. Oil-based paint | Fill in if you have used protective gloves | FF61 |
|  | 8. Water-based or latex paint | Fill in if you have used protective gloves | FF65 |
|  | 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 |
|  | 10. Industrial dyes or ink | Fill in if you have used protective gloves | FF73 |
|  | 11. Motor oil, lubrication oil or other types of oil | Fill in if you have used protective gloves | FF77 |
|  | 12. Photographic chemicals (fixatives or developers) | Fill in if you have used protective gloves | FF81 |
|  | 13. Substances used in welding | Fill in if you have used protective gloves | FF85 |
|  | 14. Substances used in soldering | Fill in if you have used protective gloves | FF89 |
|  | 15. Formalin/formaldehyde | Fill in if you have used protective gloves | FF93 |
|  | 16. Chemotherapeutic substances/ chemotherapy treatment (does not apply to your own medical treatment) | Fill in if you have used protective gloves | FF97 |
|  | 17. Chemotherapy (taken in treatment as a patient) | Fill in if you have used protective gloves | FF367 |
|  | 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 |
|  | 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? (*This does not include treatment as a patient*)** |
|  |  | 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 |
|  | Laser printer | Never; A few times a week; Daily; On average more than 1 hour per day | FF114 |
|  | 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 |
|  | 2. Urticaria (hives) | If yes, tick | FF119 |
|  | 3. Asthma | If yes, tick | FF122 |
|  | 4. Atopic dermatitis (childhood eczema) | If yes, tick | FF125 |
|  | 5. Psoriasis | If yes, tick | FF128 |
|  | 6. Other eczema/skin problem | If yes, tick | FF131 |
|  | 7. Chlamydia | If yes, tick | FF374 |
|  | 8. Herpes | If yes, tick | FF377 |
|  | 9. Genital warts | If yes, tick | FF380 |
|  | 10. Gonorrhea | If yes, tick | FF383 |
|  | 11. Migraine | If yes, tick | FF134 |
|  | 12. Other frequent headaches | If yes, tick | FF137 |
|  | 13. Constant aches or discomfort in the upper abdomen | If yes, tick | FF140 |
|  | 14. Crohn’s disease/ulcerative colitis (diarrohea, constipation intermittent pain) | If yes, tick | FF143 |
|  | 15. Sleep problems | If yes, tick | FF146 |
|  | 16. Diabetes | If yes, tick | FF149 |
|  | 17. Cancer | If yes, tick | FF152 |
|  | 18. Cardiovascular disease | If yes, tick | FF155 |
|  | 19. Epilepsy | If yes, tick | FF158 |
|  | 20. Repeated neck and shoulder pain | If yes, tick | FF161 |
|  | 21. Lower back pain | If yes, tick | FF164 |
|  | 22. Prolonged muscle pain | If yes, tick | FF167 |
|  | 23. Bechterew’s disease/ rheumatoid arthritis | If yes, tick | FF170 |
|  | 24. High blood pressure | If yes, tick | FF173 |
|  | 25. ADHD | If yes, tick | FF386 |
|  | 26. Anorexia/bulimia/eating disorders | If yes, tick | FF389 |
|  | 27. Manic depressive illness | If yes, tick | FF392 |
|  | 28. Schizophrenia | If yes, tick | FF395 |
|  | 29. Other long-term mental illnesses or health problems | If yes, tick | FF398 |
|  | 30. Other long-term physical illnesses or health problems | If yes, tick | FF179 |
|  | 1. Hay fever, pollen allergy | If yes, how old were you at the first sign of illness/problem | FF117 |
|  | 2. Urticaria (hives) | If yes, how old were you at the first sign of illness/problem | FF120 |
|  | 3. Asthma | If yes, how old were you at the first sign of illness/problem | FF123 |
|  | 4. Atopic dermatitis (childhood eczema) | If yes, how old were you at the first sign of illness/problem | FF126 |
|  | 5. Psoriasis | If yes, how old were you at the first sign of illness/problem | FF129 |
|  | 6. Other eczema/skin problem | If yes, how old were you at the first sign of illness/problem | FF132 |
|  | 7. Chlamydia | If yes, how old were you at the first sign of illness/problem | FF375 |
|  | 8. Herpes | If yes, how old were you at the first sign of illness/problem | FF378 |
|  | 9. Genital warts | If yes, how old were you at the first sign of illness/problem | FF381 |
|  | 10. Gonorrhea | If yes, how old were you at the first sign of illness/problem | FF384 |
|  | 11. Migraine | If yes, how old were you at the first sign of illness/problem | FF135 |
|  | 12. Other frequent headaches | If yes, how old were you at the first sign of illness/problem | FF138 |
|  | 13. Constant aches or discomfort in the upper abdomen | If yes, how old were you at the first sign of illness/problem | FF141 |
|  | 14. Crohn’s disease/ulcerative colitis (diarrohea, constipation intermittent pain) | If yes, how old were you at the first sign of illness/problem | FF144 |
|  | 15. Sleep problems | If yes, how old were you at the first sign of illness/problem | FF147 |
|  | 16. Diabetes | If yes, how old were you at the first sign of illness/problem | FF150 |
|  | 17. Cancer | If yes, how old were you at the first sign of illness/problem | FF153 |
|  | 18. Cardiovascular disease | If yes, how old were you at the first sign of illness/problem | FF156 |
|  | 19. Epilepsy | If yes, how old were you at the first sign of illness/problem | FF159 |
|  | 20. Repeated neck and shoulder pain | If yes, how old were you at the first sign of illness/problem | FF162 |
|  | 21. Lower back pain | If yes, how old were you at the first sign of illness/problem | FF165 |
|  | 22. Prolonged muscle pain | If yes, how old were you at the first sign of illness/problem | FF168 |
|  | 23. Bechterew’s disease/ rheumatoid arthritis | If yes, how old were you at the first sign of illness/problem | FF171 |
|  | 24. High blood pressure | If yes, how old were you at the first sign of illness/problem | FF174 |
|  | 25. ADHD | If yes, how old were you at the first sign of illness/problem | FF387 |
|  | 26. Anorexia/bulimia/eating disorders | If yes, how old were you at the first sign of illness/problem | FF390 |
|  | 27. Manic depressive illness | If yes, how old were you at the first sign of illness/problem | FF393 |
|  | 28. Schizophrenia | If yes, how old were you at the first sign of illness/problem | FF386 |
|  | 29. Other long-term mental illnesses or health problems | If yes, how old were you at the first sign of illness/problem | FF399 |
|  | 30. Other long-term physical illnesses or health problems | If yes, how old were you at the first sign of illness/problem | FF180 |
|  | 1. Hay fever, pollen allergy | If you became well or the problem stopped, at what age did this happen? | FF118 |
|  | 2. Urticaria (hives) | If you became well or the problem stopped, at what age did this happen? | FF121 |
|  | 3. Asthma | If you became well or the problem stopped, at what age did this happen? | FF124 |
|  | 4. Atopic dermatitis (childhood eczema) | If you became well or the problem stopped, at what age did this happen? | FF127 |
|  | 5. Psoriasis | If you became well or the problem stopped, at what age did this happen? | FF130 |
|  | 6. Other eczema/skin problem | If you became well or the problem stopped, at what age did this happen? | FF133 |
|  | 7. Chlamydia | If you became well or the problem stopped, at what age did this happen? | FF376 |
|  | 8. Herpes | If you became well or the problem stopped, at what age did this happen? | FF379 |
|  | 9. Genital warts | If you became well or the problem stopped, at what age did this happen? | FF382 |
|  | 10. Gonorrhea | If you became well or the problem stopped, at what age did this happen? | FF385 |
|  | 11. Migraine | If you became well or the problem stopped, at what age did this happen? | FF136 |
|  | 12. Other frequent headaches | If you became well or the problem stopped, at what age did this happen? | FF139 |
|  | 13. Constant aches or discomfort in the upper abdomen | If you became well or the problem stopped, at what age did this happen? | FF142 |
|  | 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 |
|  | 15. Sleep problems | If you became well or the problem stopped, at what age did this happen? | FF148 |
|  | 16. Diabetes | If you became well or the problem stopped, at what age did this happen? | FF151 |
|  | 17. Cancer | If you became well or the problem stopped, at what age did this happen? | FF154 |
|  | 18. Cardiovascular disease | If you became well or the problem stopped, at what age did this happen? | FF157 |
|  | 19. Epilepsy | If you became well or the problem stopped, at what age did this happen? | FF160 |
|  | 20. Repeated neck and shoulder pain | If you became well or the problem stopped, at what age did this happen? | FF163 |
|  | 21. Lower back pain | If you became well or the problem stopped, at what age did this happen? | FF166 |
|  | 22. Prolonged muscle pain | If you became well or the problem stopped, at what age did this happen? | FF169 |
|  | 23. Bechterew’s disease/ rheumatoid arthritis | If you became well or the problem stopped, at what age did this happen? | FF172 |
|  | 24. High blood pressure | If you became well or the problem stopped, at what age did this happen? | FF175 |
|  | 25. ADHD | If you became well or the problem stopped, at what age did this happen? | FF388 |
|  | 26. Anorexia/bulimia/eating disorders | If you became well or the problem stopped, at what age did this happen? | FF391 |
|  | 27. Manic depressive illness | If you became well or the problem stopped, at what age did this happen? | FF394 |
|  | 28. Schizophrenia | If you became well or the problem stopped, at what age did this happen? | FF397 |
|  | 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. Other long-term physical illnesses or health problems | If you became well or the problem stopped, at what age did this happen? | FF181 |
|  | If other long-term illnesses, describe: |  | FF182, FF309 (txt) |
| **31** | **Do you have a congenital deformity/ birth defect?** |
|  |  | No; Yes | FF198 |
| **32** | **If yes, which?** |
|  |  | No; Yes | FF199 FF319 (txt) |
| **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 (txt) FF310\_K |
|  | Medicine 2. | *Name of medicine* | FF186 FF311 (txt) FF311\_K |
|  | Medicine 3. | *Name of medicine* | FF186 FF312 (txt) FF312\_K |
|  | Medicine 4. | *Name of medicine* | FF190 FF313 (txt) FF313\_K |
|  | *How long did you use the medicine (1)?* | Less than 1 week ;1 week to 1 month; More than 1 month | FF185 |
|  | *How long did you use the medicine (2) ?* | Less than 1 week ;1 week to 1 month; More than 1 month | FF187 |
|  | *How long did you use the medicine (3) ?* | Less than 1 week ;1 week to 1 month; More than 1 month | FF189 |
|  | *How long did you use the 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 | *X-rays taken of…* | FF201 |
|  | Lungs | *X-rays taken of…* | FF203 |
|  | Pelvis/stomach/back | *X-rays taken of…* | FF205 |
|  | Arms and legs | *X-rays taken of…* | FF207 |
|  | Other | *X-rays taken of…* | FF209 |
|  | Teeth | *Number of times* | FF202 |
|  | Lungs | *Number of times* | FF204 |
|  | Pelvis/stomach/back | *Number of times* | FF206 |
|  | Arms and legs | *Number of times* | FF208 |
|  | Other | *Number of times* | 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 |
|  | 2. Medium coarse-grain bread (incl. rolls) | Number 0-99 | FF404 |
|  | 3. Coarse-grain bread | Number 0-99 | FF405 |
|  | 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 |
|  | 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 |
|  | 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 |
|  | 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 |
|  | 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 |
|  | 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 |
|  | 7. Fish | Seldom/never; 1-2 times per week; 3-4 times per week; 5-7 times per week; Several times per day | FF414 |
|  | 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 |
|  | 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 |
|  | 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 |
|  | 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 |
|  | 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 |
|  | 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 |
|  | 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 |
|  | 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 |
|  | 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 |
|  | 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 |
|  | 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 |
|  | 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 |
|  | 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 |
|  | 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 |
|  | 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 |
|  | 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 |
|  | 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 |
|  | 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 |
|  | 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 |
|  | 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 |
|  | 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 |
|  | 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 |
|  | 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 |
|  | 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 |
|  | 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 |
|  | 2. Restaurant | Seldom/never; 1-3 times per month; 1-4 times per week; 5-7 times per week; Several times per day | FF444 |
|  | 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 |
|  | 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 |
|  | 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 |
|  | 2. I do not eat fish |  | FF449 |
|  | 3. I do not eat meat |  | FF450 |
|  | 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 |
|  | 2. Cod-liver oil/fish oil |  | FF454 |
|  | 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 |
|  | If sometimes, number of cigarettes per week | Number 0-99 | FF216 |
|  | If yes, number of cigarettes per day |  | FF217 |
| **51** | **Do you smoke now after your partner became pregnant?** |
|  |  | No; Yes,sometimes ; Yes, daily | FF218 |
|  | If sometimes, number of cigarettes per week | Number 0-99 | FF219 |
|  | 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 (‘snus’)?** |
|  |  | 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 not daily; 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 each type | FF458 |
| **56** | **How much smokeless/chewing tobacco do you use per week?** |
|  |  | Whole box; Half box; Quarter box; Less than a quarter box | FF459 |
|  | If whole box, specify number of boxes: | Number 0-99 | FF460 |
| **57** | **Have you used any of the following narcotic substances?** |
|  | 1. Cannabis/Hash | *Never* | FF222 |
|  | 2. Ecstasy | *Never* | FF226 |
|  | 3. Cocaine | *Never* | FF230 |
|  | 4. Heroin | *Never* | FF234 |
|  | 5. Amphetamine | *Never* | FF553 |
|  | Other | *Never* | FF461 |
|  | 1. Cannabis/Hash | *Previously* | FF223 |
|  | 2. Ecstasy | *Previously* | FF227 |
|  | 3. Cocaine | *Previously* | FF231 |
|  | 4. Heroin | *Previously* | FF235 |
|  | 5. Amphetamine | *Previously* | FF554 |
|  | Other | *Previously* | FF462 |
|  | 1. Cannabis/Hash | *Six months before your partner became pregnant* | FF224 |
|  | 2. Ecstasy | *Six months before your partner became pregnant* | FF228 |
|  | 3. Cocaine | *Six months before your partner became pregnant* | FF232 |
|  | 4. Heroin | *Six months before your partner became pregnant* | FF236 |
|  | 5. Amphetamine | *Six months before your partner became pregnant* | FF555 |
|  | Other | *Six months before your partner became pregnant* | FF463 |
|  | 1. Cannabis/Hash | *Now* | FF225 |
|  | 2. Ecstasy | *Now* | FF229 |
|  | 3. Cocaine | *Now* | FF233 |
|  | 4. Heroin | *Now* | FF237 |
|  | 5. Amphetamine | *Now* | FF556 |
|  | Other | *Now* | FF464 |
|  | Other, which? | *Now* | FF550; FF551(txt) |
| **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 |
|  | 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 ( *Weekends*) | 10 or more ; 7 to 9; 5 to 6; 3 to 4; 1 to 2; Fewer than 1 | FF465 |
|  | Now ( *Weekends*) | 10 or more ; 7 to 9; 5 to 6; 3 to 4; 1 to 2; Fewer than 1 | FF467 |
|  | Before ( *Weekdays*) | 10 or more ; 7 to 9; 5 to 6; 3 to 4; 1 to 2; Fewer than 1 | FF466 |
|  | Now ( *Weekdays*) | 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 |
|  | 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 |
|  | 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/out of breath) | None; Less than 1 per week; 1-2 times per week; 3 or more times per week | FF475 |
|  | Heavy physical activity (sweating/out of 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 hours per week (including walking/cycling to work, Sunday walks etc.); Take part in sports/athletics, heavy garden work etc. 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 | *Never* | FF321 |
|  | 2. Testosterone medications | *Never* | FF325 |
|  | 3. Growth hormone (e.g. Genotropin/Somatropin) | *Never* | FF329 |
|  | 1. Anabolic steroid | *Previously* | FF322 |
|  | 2. Testosterone medications | *Previously* | FF326 |
|  | 3. Growth hormone (e.g. Genotropin/Somatropin) | *Previously* | FF330 |
|  | 1. Anabolic steroid | *Six months before your partner became pregnant* | FF323 |
|  | 2. Testosterone medications | *Six months before your partner became pregnant* | FF327 |
|  | 3. Growth hormone (e.g. Genotropin/Somatropin) | *Six months before your partner became pregnant* | FF331 |
|  | 1. Anabolic steroid | *Now* | FF324 |
|  | 2. Testosterone medications | *Now* | FF328 |
|  | 3. Growth hormone (e.g. Genotropin/Somatropin) | *Now* | 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 |
|  | 2. Nervousness or shakiness inside | Not bothered; A little bothered; Quite bothered; Very bothered | FF252 |
|  | 3. Feeling hopeless about the future | Not bothered; A little bothered; Quite bothered; Very bothered | FF253 |
|  | 4. Felling blue | Not bothered; A little bothered; Quite bothered; Very bothered | FF254 |
|  | 5. Worrying too much about things | Not bothered; A little bothered; Quite bothered; Very bothered | FF255 |
|  | 6. Feeling everything is an effort | Not bothered; A little bothered; Quite bothered; Very bothered | FF256 |
|  | 7. Feeling tense or keyed up | Not bothered; A little bothered; Quite bothered; Very bothered | FF257 |
|  | 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 |
|  | 2. Had problems with appetite or eaten too much | No; Yes | FF260 |
|  | 3. Been bothered by lack of energy | No; Yes | FF261 |
|  | 4. Blamed yourself and felt worthless | No; Yes | FF262 |
|  | 5. Had problems with concentration or had problems making decisions | No; Yes | FF263 |
|  | 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 |
|  | 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 |
|  | 2. I feel completely useless at times | Agree completely ; Agree; Disagree; Disagree completely | FF266 |
|  | 3. I feel that I do not have much to be proud about | Agree completely ; Agree; Disagree; Disagree completely | FF267 |
|  | 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 |
|  | Feel little concern for others | Strongly disagree; Disagree somewhat; Neither nor; Agree somewhat ; Strongly agree | FF481 |
|  | Am always prepared | Strongly disagree; Disagree somewhat; Neither nor; Agree somewhat ; Strongly agree | FF482 |
|  | Get stressed out easily | Strongly disagree; Disagree somewhat; Neither nor; Agree somewhat ; Strongly agree | FF483 |
|  | Have a rich vocabulary | Strongly disagree; Disagree somewhat; Neither nor; Agree somewhat ; Strongly agree | FF484 |
|  | Don’t talk a lot | Strongly disagree; Disagree somewhat; Neither nor; Agree somewhat ; Strongly agree | FF485 |
|  | Am interested in other people | Strongly disagree; Disagree somewhat; Neither nor; Agree somewhat ; Strongly agree | FF486 |
|  | Leave my belongs around | Strongly disagree; Disagree somewhat; Neither nor; Agree somewhat ; Strongly agree | FF487 |
|  | Am relaxed most of the time | Strongly disagree; Disagree somewhat; Neither nor; Agree somewhat ; Strongly agree | FF488 |
|  | Have difficulty understanding abstract ideas | Strongly disagree; Disagree somewhat; Neither nor; Agree somewhat ; Strongly agree | FF489 |
|  | Feel comfortable around people | Strongly disagree; Disagree somewhat; Neither nor; Agree somewhat ; Strongly agree | FF490 |
|  | Insult people | Strongly disagree; Disagree somewhat; Neither nor; Agree somewhat ; Strongly agree | FF491 |
|  | Pay attention to details | Strongly disagree; Disagree somewhat; Neither nor; Agree somewhat ; Strongly agree | FF492 |
|  | Worry about things | Strongly disagree; Disagree somewhat; Neither nor; Agree somewhat ; Strongly agree | FF493 |
|  | Have a vivid imagination | Strongly disagree; Disagree somewhat; Neither nor; Agree somewhat ; Strongly agree | FF494 |
|  | Keep in the background | Strongly disagree; Disagree somewhat; Neither nor; Agree somewhat ; Strongly agree | FF495 |
|  | Sympathize with others’ feelings | Strongly disagree; Disagree somewhat; Neither nor; Agree somewhat ; Strongly agree | FF496 |
|  | Make a mess of things | Strongly disagree; Disagree somewhat; Neither nor; Agree somewhat ; Strongly agree | FF497 |
|  | Seldom feel blue | Strongly disagree; Disagree somewhat; Neither nor; Agree somewhat ; Strongly agree | FF498 |
|  | Am not interested in abstract ideas | Strongly disagree; Disagree somewhat; Neither nor; Agree somewhat ; Strongly agree | FF499 |
|  | Start conversations | Strongly disagree; Disagree somewhat; Neither nor; Agree somewhat ; Strongly agree | FF500 |
|  | Am not interested in other people’s problems | Strongly disagree; Disagree somewhat; Neither nor; Agree somewhat ; Strongly agree | FF501 |
|  | Get chores done right away | Strongly disagree; Disagree somewhat; Neither nor; Agree somewhat ; Strongly agree | FF502 |
|  | Am easily disturbed | Strongly disagree; Disagree somewhat; Neither nor; Agree somewhat ; Strongly agree | FF503 |
|  | Have excellent ideas | Strongly disagree; Disagree somewhat; Neither nor; Agree somewhat ; Strongly agree | FF504 |
|  | Have little to say | Strongly disagree; Disagree somewhat; Neither nor; Agree somewhat ; Strongly agree | FF505 |
|  | Have a soft heart | Strongly disagree; Disagree somewhat; Neither nor; Agree somewhat ; Strongly agree | FF506 |
|  | Often forget to put things back in their proper place | Strongly disagree; Disagree somewhat; Neither nor; Agree somewhat ; Strongly agree | FF507 |
|  | Get upset easily | Strongly disagree; Disagree somewhat; Neither nor; Agree somewhat ; Strongly agree | FF508 |
|  | Do not have good imagination | Strongly disagree; Disagree somewhat; Neither nor; Agree somewhat ; Strongly agree | FF509 |
|  | Talk to a lot of different people at parties | Strongly disagree; Disagree somewhat; Neither nor; Agree somewhat ; Strongly agree | FF510 |
|  | Am not really interested in others | Strongly disagree; Disagree somewhat; Neither nor; Agree somewhat ; Strongly agree | FF511 |
|  | Like order | Strongly disagree; Disagree somewhat; Neither nor; Agree somewhat ; Strongly agree | FF512 |
|  | Change my mood a lot | Strongly disagree; Disagree somewhat; Neither nor; Agree somewhat ; Strongly agree | FF513 |
|  | Am quick to understand things | Strongly disagree; Disagree somewhat; Neither nor; Agree somewhat ; Strongly agree | FF514 |
|  | Do not like to draw attention to myself | Strongly disagree; Disagree somewhat; Neither nor; Agree somewhat ; Strongly agree | FF515 |
|  | Take time out for others | Strongly disagree; Disagree somewhat; Neither nor; Agree somewhat ; Strongly agree | FF516 |
|  | Shirk my duties | Strongly disagree; Disagree somewhat; Neither nor; Agree somewhat ; Strongly agree | FF517 |
|  | Have frequent mood swings | Strongly disagree; Disagree somewhat; Neither nor; Agree somewhat ; Strongly agree | FF518 |
|  | Use difficult words | Strongly disagree; Disagree somewhat; Neither nor; Agree somewhat ; Strongly agree | FF519 |
|  | Don’t mind being the centre of attention | Strongly disagree; Disagree somewhat; Neither nor; Agree somewhat ; Strongly agree | FF520 |
|  | Feel others’ emotions | Strongly disagree; Disagree somewhat; Neither nor; Agree somewhat ; Strongly agree | FF521 |
|  | Follow a schedule | Strongly disagree; Disagree somewhat; Neither nor; Agree somewhat ; Strongly agree | FF522 |
|  | Get irritated easily | Strongly disagree; Disagree somewhat; Neither nor; Agree somewhat ; Strongly agree | FF523 |
|  | Spend time reflecting on things | Strongly disagree; Disagree somewhat; Neither nor; Agree somewhat ; Strongly agree | FF524 |
|  | Am quiet around strangers | Strongly disagree; Disagree somewhat; Neither nor; Agree somewhat ; Strongly agree | FF525 |
|  | Make people feel at ease | Strongly disagree; Disagree somewhat; Neither nor; Agree somewhat ; Strongly agree | FF526 |
|  | Am exacting in my work | Strongly disagree; Disagree somewhat; Neither nor; Agree somewhat ; Strongly agree | FF527 |
|  | Often feel blue | Strongly disagree; Disagree somewhat; Neither nor; Agree somewhat ; Strongly agree | FF528 |
|  | 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 completely | FF269 |
|  | 2. The conditions of my life are excellent | Disagree completely; Disagree; Disagree somewhat; Don’t agree or disagree; Agree somewhat; Agree; Agree completely | FF270 |
|  | 3. I am satisfied with my life | Disagree completely; Disagree; Disagree somewhat; Don’t agree or disagree; Agree somewhat; Agree; Agree completely | FF271 |
|  | 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 completely | FF272 |
|  | 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 completely | 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 |
|  | 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 |
|  | 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 |
|  | 4. How often do you have problems remembering appointments or obligations? | Never; Rarely; Sometimes; Often; Very often | FF538 |
|  | 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 |
|  | 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 |
|  | 2. Financial problems | No; Yes | FF284 |
|  | 3. Got divorced, separated or ended a relationship | No; Yes | FF285 |
|  | 4. Problems or conflicts with your family, friends or neighbors | No; Yes | FF286 |
|  | 5. Serious concerns that something is wrong with the bay you are expecting | No; Yes | FF544 |
|  | 6. Serious personal ill or injured | No; Yes | FF545 |
|  | 7. Close relative has been seriously ill or injured | No; Yes | FF546 |
|  | 8. Involved in a serious traffic accident, fire or robbery | No; Yes | FF547 |
|  | 9. Lost someone close to you | No; Yes | FF288 |
|  | 10. Forced into sexual activity | No; Yes | FF548 |
|  | 11. Exposed to physical violence | No; Yes | FF549 |
|  | 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 |
|  | 2. I am very happy with our relationship | Agree completely; Agree; Agree somewhat; Disagree somewhat; Disagree; Disagree completely | FF293 |
|  | 3. My partner is generally understanding | Agree completely; Agree; Agree somewhat; Disagree somewhat; Disagree; Disagree completely | FF294 |
|  | 4. I am satisfied with my relationship with my partner | Agree completely; Agree; Agree somewhat; Disagree somewhat; Disagree; Disagree completely | FF295 |
|  | 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 |
|  | 2. Feel happy | Rarely or never; Hardly ever; Sometimes; Often; Very often | FF278 |
|  | 3. Feel joyful, like everything is going your way, everything is rosy | Rarely or never; Hardly ever; Sometimes; Often; Very often | FF279 |
|  | 4. Feel like screaming at somebody or banging on something | Rarely or never; Hardly ever; Sometimes; Often; Very often | FF280 |
|  | 5. Feel angry, irritated, annoyed | Rarely or never; Hardly ever; Sometimes; Often; Very often | FF281 |
|  | 6. Feel mad at somebody | Rarely or never; Hardly ever; Sometimes; Often; Very often | FF288 |