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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Q** | | |  | | | | | | | | | | | | | | | | | | | | **Response options** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Variable**  **name** | | | | | | | | |
| **1** | | | **Is your child a boy or girl?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | | | | | | | | | | 1-Boy 2-Girl | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | DD12 | | | | | | | | |
| **2** | | | **How big was your child when he/she was born?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | Birth weight | | | | | | | | | | | | | | | | | | | | Number 0-99 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | DD13 | | | | | | | | |
| length | | | | | | | | | | | | | | | | | | | | DD14 | | | | | | | | |
| **3** | | | **In which week of your pregnancy did you give birth?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | Week: | | | | | | | | | | | | | | | | | | | | Number 0-99 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | DD15 | | | | | | | | |
| **4** | | | **How long was your child in hospital after the birth?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | Number of days | | | | | | | | | | | | | | | | | | | | Number 0-99 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | DD16 | | | | | | | | |
| Or weeks | | | | | | | | | | | | | | | | | | | | DD17 | | | | | | | | |
| **5** | | | **Was your child transferred to another department or hospital after the birth?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | | | | | | | | | | 1. No 2. Yes   If yes, specify | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | DD18 | | | | | | | | |
| DD19 DD848(txt.) | | | | | | | | |
| **6** | | | **Was your child delivered by caesarean section?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | | | | | | | | | | 1. No 2. Yes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | DD20 | | | | | | | | |
| **7** | | | **If yes, was the caesarean section planned?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | | | | | | | | | | 1. No 2. Yes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | DD21 | | | | | | | | |
| If yes, why? | | | | | | | | | | | | | | | | | | | | Breech presentation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | DD22 | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | Previous caesarean | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | DD23 | | | | | | | | |
| Pregnancy complication or mother taken ill | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | DD24 | | | | | | | | |
| Poor growth or other factor relating to the foetus | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | DD25 | | | | | | | | |
| Own preferences | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | DD26 | | | | | | | | |
| Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | DD27 | | | | | | | | |
| **8** | | | **Were there any complications during the birth?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | | | | | | | | | | 1. No 2. Yes   If yes, describe: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | DD28 | | | | | | | | |
| DD29 DD849(txt.) | | | | | | | | |
| **9** | | | **Were you admitted or transferred to another department or other hospital due to complications in connection**  **with the birth?** *(Applies both before and after the birth)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | | | | | | | | | | 1. No 2. Yes   If yes, describe: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | DD28 | | | | | | | | |
| DD29 DD849(txt.) | | | | | | | | |
| **10** | | | **If yes, where?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | | | | | | | | | | Department: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | DD31 DD850(txt.) | | | | | | | | |
| Hospital: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | DD32 DD851(txt.) | | | | | | | | |
| **11** | | | **How many days were you in hospital in connection with the birth?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | Before the birth | | | | | | | | | | | | | | | | | | | | Number of days | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | DD33 | | | | | | | | |
| After the birth | | | | | | | | | | | | | | | | | | | | DD34 | | | | | | | | |
| **12** | | | **Did the birth go as you expected?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | | | | | | | | | | 1-Yes, as expected 2-No, it went better 3-Neither/nor  4-No, it was worse 5-Don’t know | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | DD35 | | | | | | | | |
| **13** | | | **How true do you think the following descriptions are of the birth?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | I felt safe and in good hands | | | | | | | | | | | | | | | | | | | | 1. Fairly true 2. Partially true 3-Not true | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | DD36 | | | | | | | | |
| I was in a lot of pain | | | | | | | | | | | | | | | | | | | | DD37 | | | | | | | | |
| I received too few pain-killing drugs | | | | | | | | | | | | | | | | | | | | DD38 | | | | | | | | |
| **14** | | | **Was anyone from your close family present at the birth?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | | | | | | | | | | Yes, child’s father | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | DD39 | | | | | | | | |
| Yes, someone else | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | DD40 | | | | | | | | |
|  | | |  | | | | | | | | | | | | | | | | | | | | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | DD41 | | | | | | | | |
| **Q** | | |  | | | | | | | | | | | **Response options / Variable name** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **15** | | | **What did you give your child to drink during the first week of life?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | Breast milk | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | DD42 | | | | | | | | |
| Water | | | | | | | | | | | DD43 | | | | | | | | |
| Sugar water | | | | | | | | | | | DD44 | | | | | | | | |
| Formula | | | | | | | | | | | DD45 | | | | | | | | |
| Other | | | | | | | | | | | DD46 | | | | | | | | |
| Other, specify | | | | | | | | | | | DD47 DD852(txt.) | | | | | | | | |
| Don’t know/remember | | | | | | | | | | | DD48 | | | | | | | | |
| **16** | | | **What has your child been given to drink during the first 6 months of his/her life?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | *Child’s age in months* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | | | | | | 1 | | | | | | | | 2 | | | | | | 3 | | | | | | | 4 | | | | | | 5 | | | | | | 6 | | | | | | | | |
| 1. Breast milk | | | | | | | | | | | DD49 | | | | | | DD50 | | | | | | | | DD51 | | | | | | DD52 | | | | | | | DD53 | | | | | | DD54 | | | | | | DD55 | | | | | | | | |
| 2. Standard collett formula | | | | | | | | | | | DD56 | | | | | | DD57 | | | | | | | | DD58 | | | | | | DD59 | | | | | | | DD60 | | | | | | DD61 | | | | | | DD62 | | | | | | | | |
| 3. Collett formula with Omega 3 | | | | | | | | | | | DD63 | | | | | | DD64 | | | | | | | | DD65 | | | | | | DD66 | | | | | | | DD67 | | | | | | DD68 | | | | | | DD69 | | | | | | | | |
| 4. Standard NAN formula | | | | | | | | | | | DD70 | | | | | | DD71 | | | | | | | | DD72 | | | | | | DD73 | | | | | | | DD74 | | | | | | DD75 | | | | | | DD76 | | | | | | | | |
| 5. Nan HA1 formula | | | | | | | | | | | DD77 | | | | | | DD78 | | | | | | | | DD79 | | | | | | DD80 | | | | | | | DD81 | | | | | | DD82 | | | | | | DD83 | | | | | | | | |
| 6. Other milk | | | | | | | | | | | DD84 | | | | | | DD85 | | | | | | | | DD86 | | | | | | DD87 | | | | | | | DD88 | | | | | | DD89 | | | | | | DD90 | | | | | | | | |
| 7. Other milk, describe | | | | | | | | | | | DD91 DD853(txt.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8. Water | | | | | | | | | | | DD1079 | | | | | | DD1080 | | | | | | | | DD1081 | | | | | | DD1082 | | | | | | | DD1083 | | | | | | DD1084 | | | | | | DD1085 | | | | | | | | |
| 9. Squash/Juice | | | | | | | | | | | DD1086 | | | | | | DD1087 | | | | | | | | DD1088 | | | | | | DD1089 | | | | | | | DD1090 | | | | | | DD1091 | | | | | | DD1092 | | | | | | | | |
| **17** | | | **How often do you give your child the following to drink at the moment?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | 1.Breast milk | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | DD92 | | | | | | | | |
| 2.Breast milk supplement | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | DD93 | | | | | | | | |
| 3.Normal sweet milk, any type | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | DD94 | | | | | | | | |
| 4.Sour milk (yogurt, buttermilk, etc.) | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | DD95 | | | | | | | | |
| 5.Organic milk products (milk, yogurt) | | | | | | | | | | | 1) Never/seldom | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | DD96 | | | | | | | | |
| 6.Boiled water | | | | | | | | | | | DD97 | | | | | | | | |
| 7.Tap water | | | | | | | | | | | 2) 1-3 times a week | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | DD101 | | | | | | | | |
| 8.Bottled water | | | | | | | | | | | 3) 4-6 times a week | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | DD102 | | | | | | | | |
| 9.Bottled baby cordial | | | | | | | | | | | DD103 | | | | | | | | |
| 10.Other type of cordial, sweetened | | | | | | | | | | | 4) At least once a day | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | DD104 | | | | | | | | |
| 11.Cordial, artificially sweetened | | | | | | | | | | | DD105 | | | | | | | | |
| 12.Juice | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | DD106 | | | | | | | | |
| 13.Other | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | DD107 | | | | | | | | |
| 14.Other, specify | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | DD108 | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | DD854 (txt.) | | | | | | | | |
| **Q** | | |  | | | | | | | | | | | | | | **Response options / Variable name** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **18** | | | **How often does your child eat the following food at the moment, and how old was your child when you started giving him/her this food?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | | | | *How often do you give this to your child?* | | | | | | | | | | | | | | | | | | | | | | *How old was your child when*  *you gave him/her this food for the first time?* | | | | | | | | | | | | | | | | | | |
| 1. Never/seldom 2. 1-3 times a week 3. 4-6 times a week 4. At least once a day | | | | | | | | | | | | | | | | | | | | | | months | | | | | | | | | | | | | | | | | | |
| **Instant porridge** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1.Rice porridge, maize porridge | | | | | | | | | | | | | | DD109 | | | | | | | | | | | | | | | | | | | | | | DD110 | | | | | | | | | | | | | | | | | | |
| 2.Oatmeal porridge, different types | | | | | | | | | | | | | | DD111 | | | | | | | | | | | | | | | | | | | | | | DD112 | | | | | | | | | | | | | | | | | | |
| 3.Wheat porridge, all types, rusk porridge | | | | | | | | | | | | | | DD113 | | | | | | | | | | | | | | | | | | | | | | DD114 | | | | | | | | | | | | | | | | | | |
| **Home-made porridge using** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4.Wheat flour(rough/fine), rusk, semolina, oats | | | | | | | | | | | | | | DD115 | | | | | | | | | | | | | | | | | | | | | | DD116 | | | | | | | | | | | | | | | | | | |
| 5.Iron-enriched wheat flour | | | | | | | | | | | | | | DD117 | | | | | | | | | | | | | | | | | | | | | | DD118 | | | | | | | | | | | | | | | | | | |
| 6.Helios baby flour | | | | | | | | | | | | | | DD119 | | | | | | | | | | | | | | | | | | | | | | DD120 | | | | | | | | | | | | | | | | | | |
| 7.Millet | | | | | | | | | | | | | | DD121 | | | | | | | | | | | | | | | | | | | | | | DD122 | | | | | | | | | | | | | | | | | | |
| **Processed dinner in a jar** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8. Vegetables | | | | | | | | | | | | | | DD123 | | | | | | | | | | | | | | | | | | | | | | DD124 | | | | | | | | | | | | | | | | | | |
| 9. Vegetables and meat | | | | | | | | | | | | | | DD125 | | | | | | | | | | | | | | | | | | | | | | DD126 | | | | | | | | | | | | | | | | | | |
| **Home-made dinner** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10. Potato/vegetable puree | | | | | | | | | | | | | | DD127 | | | | | | | | | | | | | | | | | | | | | | DD128 | | | | | | | | | | | | | | | | | | |
| 11. Meat and vegetables/potatoes | | | | | | | | | | | | | | DD129 | | | | | | | | | | | | | | | | | | | | | | DD130 | | | | | | | | | | | | | | | | | | |
| 12. Fish and vegetables/potatoes | | | | | | | | | | | | | | DD131 | | | | | | | | | | | | | | | | | | | | | | DD132 | | | | | | | | | | | | | | | | | | |
| 13. Other type of home-made dinner | | | | | | | | | | | | | | DD133 | | | | | | | | | | | | | | | | | | | | | | DD134 | | | | | | | | | | | | | | | | | | |
| **Snack/dessert** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14. Home-made fruit puree | | | | | | | | | | | | | | DD135 | | | | | | | | | | | | | | | | | | | | | | DD136 | | | | | | | | | | | | | | | | | | |
| 15. Fruit/berry puree in a jar | | | | | | | | | | | | | | DD137 | | | | | | | | | | | | | | | | | | | | | | DD138 | | | | | | | | | | | | | | | | | | |
| 16. Rusks/biscuits/bread | | | | | | | | | | | | | | DD139 | | | | | | | | | | | | | | | | | | | | | | DD140 | | | | | | | | | | | | | | | | | | |
| 17. Other | | | | | | | | | | | | | | DD141 | | | | | | | | | | | | | | | | | | | | | | DD142 | | | | | | | | | | | | | | | | | | |
| Other, specify | | | | | | | | | | | | | | DD143 DD855 (txt.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **19** | | | **Do you think or do you know that your child has a reaction to milk/dairy products?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | | | | 1. No 2. Yes | | | | | | | | | | | | | | | | | | | | | | DD144 | | | | | | | | | | | | | | | | | | |
| **20** | | | **If yes, which products?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | Whole milk | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | DD145 | | | | | | | | | | | | | | | | | | |
| Low-fat milk/skimmed milk | | | | | | | | | | | | | | DD146 | | | | | | | | | | | | | | | | | | |
| Cream/whipped cream/ice cream | | | | | | | | | | | | | | DD147 | | | | | | | | | | | | | | | | | | |
| Yogurt/sour milk | | | | | | | | | | | | | | DD148 | | | | | | | | | | | | | | | | | | |
| Breast milk when mother is drinking milk | | | | | | | | | | | | | | DD149 | | | | | | | | | | | | | | | | | | |
| Other | | | | | | | | | | | | | | DD150 | | | | | | | | | | | | | | | | | | |
| **Q** | | |  | | | | | | | | | | | | | | **Response options** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Variable**  **name** | | | | | | | | |
| **21** | | | **Do you give your child cod liver oil, vitamins, iron or any other dietary supplement?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | DD151 | | | | | | | | |
| **22** | | | **If you give your child cod liver oil, vitamins, iron or another dietary supplement, specify how much you give your child each time and how often. How old was your child in months and weeks when you gave him/her the product**  **for the first time?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | | | | *How many teaspoons each time?* | | | | | | | | | | | | | *How often do you give your child this?* | | | | | | | | | | | | | | | *How old was your child when you started giving the product?* | | | | | | | | | | | | | | | | |
| 1. Daily 2. Sometimes | | | | | | | | | | | | | | | Months | | | | | | | | Weeks | | | | | | | | |
| 1.Cod liver oil | | | | | | | | | | | | | | DD152 | | | | | | | | | | | | | DD153 | | | | | | | | | | | | | | | DD154 | | | | | | | | DD155 | | | | | | | | |
| 2.Biovit | | | | | | | | | | | | | | DD156 | | | | | | | | | | | | | DD157 | | | | | | | | | | | | | | | DD158 | | | | | | | | DD159 | | | | | | | | |
| 3.Sanasol | | | | | | | | | | | | | | DD160 | | | | | | | | | | | | | DD161 | | | | | | | | | | | | | | | DD162 | | | | | | | | DD163 | | | | | | | | |
| 4.Nycoplus Multi-Vitamin mixture for children | | | | | | | | | | | | | | DD164 | | | | | | | | | | | | | DD165 | | | | | | | | | | | | | | | DD166 | | | | | | | | DD167 | | | | | | | | |
| 5.Fluoride | | | | | | | | | | | | | | | | | | | | | | | | | | | DD168 | | | | | | | | | | | | | | | DD169 | | | | | | | | DD170 | | | | | | | | |
| 6. Iron supplement | | | | | | | | | | | | | | | | | | | | | | | | | | | DD171 | | | | | | | | | | | | | | | DD172 | | | | | | | | DD173 | | | | | | | | |
| Iron supplement, specify | | | | | | | | | | | | | | DD174 DD856(txt.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7. Other dietary supplement | | | | | | | | | | | | | | | | | | | | | | | | | | | DD175 | | | | | | | | | | | | | | | DD176 | | | | | | | | DD177 | | | | | | | | |
| Other dietary supplement, specify | | | | | | | | | | | | | | DD178 DD857(txt.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Q** | | |  | | | | | | | | | | | **Response options** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Variable name** | | | | | | | | | | | | | |
| **23** | | | **How many times have you been to the mother and child health centre with your child?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | 1. Never 2. 1-2 times 3. 3-5 times 4. 6-10 times 5. More than 10 times | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | DD179 | | | | | | | | | | | | | |
| **24** | | | **Has your child been given the vaccinations recommended by the health centre?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | 1. Yes 2. No, don’t want vaccination 3. The child has been often ill 4. No, vaccination postponed for practical reasons 5. Don’t know | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | DD180 | | | | | | | | | | | | | |
| **25** | | | **Referring to your child’s health card, enter a cross for the vaccinations which your child has received and**  **whether the vaccinations had any side-effect.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | *Has your child*  *received the vaccination?* | | | | | | | | | | *Was there any*  *side-effect after the vaccination?* | | | | | | | | | | | *Was there any side-*  *effect resulting in contact with a doctor?* | | | | | | | | | | | | | *Was there any side-*  *effect resulting in hospital admission?* | | | | | | | | | | | | | |
| 1. No 2. Yes | | | | | | | | | | 1. No 2. Yes | | | | | | | | | | | 1. No 2. Yes | | | | | | | | | | | | | 1. No 2. Yes | | | | | | | | | | | | | |
| 1.DTP(infanrix) | | | | | | | | | | | DD184 | | | | | | | | | | DD185 | | | | | | | | | | | DD186 | | | | | | | | | | | | | DD187 | | | | | | | | | | | | | |
| 2.DT (diphtheria/tetanus) | | | | | | | | | | | DD188 | | | | | | | | | | DD189 | | | | | | | | | | | DD190 | | | | | | | | | | | | | DD191 | | | | | | | | | | | | | |
| 3.Polio-Hib(Act-Hib polio) | | | | | | | | | | | DD192 | | | | | | | | | | DD193 | | | | | | | | | | | DD194 | | | | | | | | | | | | | DD195 | | | | | | | | | | | | | |
| 4.Hepatitis B (Engerix-B) | | | | | | | | | | | DD196 | | | | | | | | | | DD197 | | | | | | | | | | | DD198 | | | | | | | | | | | | | DD199 | | | | | | | | | | | | | |
| 5.BCG (tuberculosis) | | | | | | | | | | | DD200 | | | | | | | | | | DD201 | | | | | | | | | | | DD202 | | | | | | | | | | | | | DD203 | | | | | | | | | | | | | |
| 6.Pneumococcus (Prevenar) | | | | | | | | | | | DD1103 | | | | | | | | | | DD1104 | | | | | | | | | | | DD1105 | | | | | | | | | | | | | DD1106 | | | | | | | | | | | | | |
| 7. Other vaccination | | | | | | | | | | | DD204 | | | | | | | | | | DD205 | | | | | | | | | | | DD206 | | | | | | | | | | | | | DD207 | | | | | | | | | | | | | |
| Other vaccination, specify | | | | | | | | | | | DD208 DD858(txt.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **26** | | | **Referring to your child’s health card, enter below your child’s weight, length and head circumference when**  **he/she was around 6 weeks, 3 months and 6 months.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | *Date of examination* | | | | | | | | | | | | | | | | | | *Length* | | | | | | | | *Head circumference* | | | | | | | | | | | | | *Weight* | | | | | | | | |
| Day | | | | | | Month | | | | | | | | Year | | | | Number 0-999 cm | | | | | | | | Number 0-999cm | | | | | | | | | | | | | Number 0-9999g | | | | | | | | |
| Approx.. 6 weeks | | | | | | | | | | | ALDER6UK\_SJEKK | | | | | | | | | | | | | | | | | | DD213 | | | | | | | | DD214 | | | | | | | | | | | | | DD212 | | | | | | | | |
| Approx. 3 months | | | | | | | | | | | ALDER6UK\_SJEKK | | | | | | | | | | | | | | | | | | DD219 | | | | | | | | DD220 | | | | | | | | | | | | | DD218 | | | | | | | | |
| 5-6 months | | | | | | | | | | | ALDER6UK\_SJEKK | | | | | | | | | | | | | | | | | | DD225 | | | | | | | | DD226 | | | | | | | | | | | | | DD224 | | | | | | | | |
| **Q** | | |  | | | | | | | | | | | | | | | | | | | | | **Response options** | | | | | | | | | | | | | | | | | | | | | | | | **Variable name** | | | | | | | | | | | | | |
| **27** | | | **Does your child have or has he/she had any of the following health problems? If yes, has the mother and child health centre or someone else referred your child for further specialist investigation?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | **In versions B, F, G, H** | | | | | | | | | | | | | | | | | | | | | *Has (had) problem?* | | | | | | | | | | | | | | | | | | | | | | | | *Been referred for a*  *specialist investigation?* | | | | | | | | | | | | | |
| 1. No 2. Yes | | | | | | | | | | | | | | | | | | | | | | | | 1. No 2. Yes, referred from health centre 3. Yes, referred by someone else | | | | | | | | | | | | | |
| 1.Hip disorder/dislocated hip | | | | | | | | | | | | | | | | | | | | | DD227 | | | | | | | | | | | | | | | | | | | | | | | | DD228 | | | | | | | | | | | | | |
| 2.Impaired hearing | | | | | | | | | | | | | | | | | | | | | DD229 | | | | | | | | | | | | | | | | | | | | | | | | DD230 | | | | | | | | | | | | | |
| 3.Impaired vision | | | | | | | | | | | | | | | | | | | | | DD231 | | | | | | | | | | | | | | | | | | | | | | | | DD232 | | | | | | | | | | | | | |
| 4.Delayed motor development (movement development) | | | | | | | | | | | | | | | | | | | | | DD233 | | | | | | | | | | | | | | | | | | | | | | | | DD234 | | | | | | | | | | | | | |
| 5.Too little weight gain | | | | | | | | | | | | | | | | | | | | | DD235 | | | | | | | | | | | | | | | | | | | | | | | | DD236 | | | | | | | | | | | | | |
| 6.Too much weight gain | | | | | | | | | | | | | | | | | | | | | DD237 | | | | | | | | | | | | | | | | | | | | | | | | DD238 | | | | | | | | | | | | | |
| 7.Abnormal head circumference | | | | | | | | | | | | | | | | | | | | | DD239 | | | | | | | | | | | | | | | | | | | | | | | | DD240 | | | | | | | | | | | | | |
| 8.Heart defect | | | | | | | | | | | | | | | | | | | | | DD241 | | | | | | | | | | | | | | | | | | | | | | | | DD242 | | | | | | | | | | | | | |
| 9.Testicles not descended into scrotum | | | | | | | | | | | | | | | | | | | | | DD243 | | | | | | | | | | | | | | | | | | | | | | | | DD244 | | | | | | | | | | | | | |
| 10.Asthma | | | | | | | | | | | | | | | | | | | | | DD245 | | | | | | | | | | | | | | | | | | | | | | | | DD246 | | | | | | | | | | | | | |
| 11.Atopic eczema (childhood eczema) | | | | | | | | | | | | | | | | | | | | | DD247 | | | | | | | | | | | | | | | | | | | | | | | | DD248 | | | | | | | | | | | | | |
| 12.Hives | | | | | | | | | | | | | | | | | | | | | DD249 | | | | | | | | | | | | | | | | | | | | | | | | DD250 | | | | | | | | | | | | | |
| 13.Food allergy/intolerance | | | | | | | | | | | | | | | | | | | | | DD251 | | | | | | | | | | | | | | | | | | | | | | | | DD252 | | | | | | | | | | | | | |
| 14.Delayed psychomotor development (several functions) | | | | | | | | | | | | | | | | | | | | | DD1107 | | | | | | | | | | | | | | | | | | | | | | | | DD1108 | | | | | | | | | | | | | |
| 15.(Other) malformations | | | | | | | | | | | | | | | | | | | | | DD253 | | | | | | | | | | | | | | | | | | | | | | | | DD254 | | | | | | | | | | | | | |
| Other malformations, specify | | | | | | | | | | | | | | | | | | | | | DD255 DD859(txt) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 16.Other | | | | | | | | | | | | | | | | | | | | | DD256 | | | | | | | | | | | | | | | | | | | | | | | | DD257 | | | | | | | | | | | | | |
| Other, specify | | | | | | | | | | | | | | | | | | | | | DD258 DD860 (txt) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **28** | | | **If your child was referred for a specialist investigation, what did this investigation show?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | | | | | | | | | | | 1. Everything was fine 2. Still some doubts/further investigation needed 3. Don’t know | | | | | | | | | | | | | | | | | | | | | | | | DD259 | | | | | | | | | | | | | |
| Given the following diagnosis: | | | | | | | | | | | | | | | | | | | | | | | | DD260 DD861(txt.) | | | | | | | | | | | | | |
| **29** | | | **Is your child suspected of having a syndrome or chromosomal defect?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | | | | | | | | | | | No | | | | | | | | | | | | | | | | | | | | | | | | DD1109 | | | | | | | | | | | | | |
| Yes, a syndrome | | | | | | | | | | | | | | | | | | | | | | | | DD1110 | | | | | | | | | | | | | |
| Yes, a chromosomal defect | | | | | | | | | | | | | | | | | | | | | | | | DD1111 | | | | | | | | | | | | | |
| If yes, specify the name or describe the problem | | | | | | | | | | | | | | | | | | | | | | | | DD1112 | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | Description of the problem | | | | | | | | | | | | | | | | | | | | | | | | DD1113 DD1120(txt.) | | | | | | | | | | | | | |
| **30** | | | **Has your child been treated for a hip problem (hip dysplasia)?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | | | | | | | | | | | 1. No 2. Yes, treated with a cushion 3. Yes, treated with a plaster cast 4. Yes, treated with braces | | | | | | | | | | | | | | | | | | | | | | | | DD261 | | | | | | | | | | | | | |
| If yes, how long did the treatment go on for?  months | | | | | | | | | | | | | | | | | | | | | | | | DD262 | | | | | | | | | | | | | |
| **Q** | | |  | | | | | | | | | | | | **Response options / Variable name** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **31** | | | **Has your child had the following illness/health problem? If yes, did you go to a doctor or hospital about it?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | | Has your child had health  problems? | | | | | | | | | | | | Number of times | | | | | | | Did you go to a doctor/clinic for  this? | | | | | | | | | | | Been admitted to hospital? | | | | | | | | | | | | |
| 1. No 2. Yes | | | | | | | | | | | | 1. No 2. Yes | | | | | | | | | | | 1. No 2. Yes | | | | | | | | | | | | |
| 1.Common cold | | | | | | | | | | | | DD263 | | | | | | | | | | | | DD264 | | | | | | | DD265 | | | | | | | | | | | DD266 | | | | | | | | | | | | |
| 2.Throat infection | | | | | | | | | | | | DD267 | | | | | | | | | | | | DD268 | | | | | | | DD269 | | | | | | | | | | | DD270 | | | | | | | | | | | | |
| 3.Ear infection | | | | | | | | | | | | DD271 | | | | | | | | | | | | DD272 | | | | | | | DD273 | | | | | | | | | | | DD274 | | | | | | | | | | | | |
| 4.Pseudocroup | | | | | | | | | | | | DD275 | | | | | | | | | | | | DD276 | | | | | | | DD277 | | | | | | | | | | | DD278 | | | | | | | | | | | | |
| 5.Bronchitis/RS virus/pneumonia | | | | | | | | | | | | DD279 | | | | | | | | | | | | DD280 | | | | | | | DD281 | | | | | | | | | | | DD282 | | | | | | | | | | | | |
| 6.Gastric flu/diarrhoea | | | | | | | | | | | | DD283 | | | | | | | | | | | | DD284 | | | | | | | DD285 | | | | | | | | | | | DD286 | | | | | | | | | | | | |
| 7.Urinary tract infection | | | | | | | | | | | | DD287 | | | | | | | | | | | | DD288 | | | | | | | DD289 | | | | | | | | | | | DD290 | | | | | | | | | | | | |
| 8.Conjunctivities | | | | | | | | | | | | DD291 | | | | | | | | | | | | DD292 | | | | | | | DD293 | | | | | | | | | | | DD294 | | | | | | | | | | | | |
| 9.Febrile convulsions | | | | | | | | | | | | DD295 | | | | | | | | | | | | DD296 | | | | | | | DD297 | | | | | | | | | | | DD298 | | | | | | | | | | | | |
| 10.Other convulsions (with any fever) | | | | | | | | | | | | DD299 | | | | | | | | | | | | DD300 | | | | | | | DD301 | | | | | | | | | | | DD302 | | | | | | | | | | | | |
| 11. Colic | | | | | | | | | | | | DD303 | | | | | | | | | | | | DD304 | | | | | | | DD305 | | | | | | | | | | | DD306 | | | | | | | | | | | | |
| 12.Nappy rash | | | | | | | | | | | | DD307 | | | | | | | | | | | | DD308 | | | | | | | DD309 | | | | | | | | | | | DD310 | | | | | | | | | | | | |
| 13.Other | | | | | | | | | | | | DD311 | | | | | | | | | | | | DD312 | | | | | | | DD313 | | | | | | | | | | | DD314 | | | | | | | | | | | | |
| Other, describe | | | | | | | | | | | | DD315 DD862 (txt.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | In version A | | | | | | | | | | | | *Has (had) your child problem?* | | | | | | | | | | | | | | | | | | | Did you go to a doctor/clinic for  this? | | | | | | | | | | | Been admitted to hospital? | | | | | | | | | | | | |
| 1. No 2. Yes | | | | | | | | | | | | | | | | | | | 1. No 2. Yes | | | | | | | | | | | 1. No 2. Yes | | | | | | | | | | | | |
| 1. Common cold / sore throat | | | | | | | | | | | | DD928 | | | | | | | | | | | | | | | | | | | DD929 | | | | | | | | | | | DD930 | | | | | | | | | | | | |
| 2. Bronchitis / RS virus | | | | | | | | | | | | DD931 | | | | | | | | | | | | | | | | | | | DD932 | | | | | | | | | | | DD933 | | | | | | | | | | | | |
| 3. Bronchitis / Pneumonia | | | | | | | | | | | | DD934 | | | | | | | | | | | | | | | | | | | DD935 | | | | | | | | | | | DD936 | | | | | | | | | | | | |
| 4. Asthma | | | | | | | | | | | | DD937 | | | | | | | | | | | | | | | | | | | DD938 | | | | | | | | | | | DD939 | | | | | | | | | | | | |
| 5. Children Eczema / atopic dermatitis | | | | | | | | | | | | DD940 | | | | | | | | | | | | | | | | | | | DD941 | | | | | | | | | | | DD942 | | | | | | | | | | | | |
| 6. Food allergy / intolerance | | | | | | | | | | | | DD943 | | | | | | | | | | | | | | | | | | | DD944 | | | | | | | | | | | DD945 | | | | | | | | | | | | |
| 7. Congenital malformation | | | | | | | | | | | | DD946 | | | | | | | | | | | | | | | | | | | DD947 | | | | | | | | | | | DD948 | | | | | | | | | | | | |
| 8. Delayed development | | | | | | | | | | | | DD949 | | | | | | | | | | | | | | | | | | | DD950 | | | | | | | | | | | DD951 | | | | | | | | | | | | |
| 9. Injuries | | | | | | | | | | | | DD952 | | | | | | | | | | | | | | | | | | | DD953 | | | | | | | | | | | DD954 | | | | | | | | | | | | |
| **32** | | | **Have your child ever been given any medication?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | | 1. No 2. Yes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | DD316 | | | | | | | | | | | | |
| **33** | | | **If yes, give the name of the medicines and when they were given. *(Include all types of medication, as well***  ***as natural medicines, taken both on a regular and occasional basis.)*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | | | | | *Name of medicine* | | | | | | *How old was your child when you gave the medicine?* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | *Number of days given in total* | | | | | | | | | | | | |
| ˂1 month | | | | | | | | 1-2  months | | | | | | | 3-4  months | | | | | | 5-6 months | | | | | | | | | Number 0-999 | | | | | | | | | | | | |
| 1. | | | | | | DD317 DD863\_K | | | | | | DD318 | | | | | | | | DD319 | | | | | | | DD320 | | | | | | DD321 | | | | | | | | | DD322 | | | | | | | | | | | | |
| 2. | | | | | | DD323 DD864\_K | | | | | | DD324 | | | | | | | | DD325 | | | | | | | DD326 | | | | | | DD327 | | | | | | | | | DD328 | | | | | | | | | | | | |
| 3. | | | | | | DD329 DD865\_K | | | | | | DD330 | | | | | | | | DD331 | | | | | | | DD332 | | | | | | DD333 | | | | | | | | | DD334 | | | | | | | | | | | | |
| 4. | | | | | | DD335 DD866\_K | | | | | | DD336 | | | | | | | | DD337 | | | | | | | DD338 | | | | | | DD339 | | | | | | | | | DD340 | | | | | | | | | | | | |
| **34** | | | **Has your child been examined at or admitted to hospital (since returning home from hospital after birth)?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | | | | | 1. No 2. Yes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | DD344 | | | | | | | | | | | | | |
| Yes, specify | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | DD345 DD867 (txt.) | | | | | | | | | | | | | |
| **35** | | | **Has your child been operated on or does he/she have a condition requiring an operation?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | | | | | 1. No 2. Yes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | DD346 | | | | | | | | | | | | | |
|  | | |  | | | | | | Yes, specify | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | DD347  DD868 (txt.) | | | | | | | | | | | | | |
| **Q** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Response options** | | | | | | | | | | | | | | **Variable name** | | | | | | | | | |
| **36** | | | **The following questions concern your child’s development. If you haven’t actually observed your child, spend**  **a little time looking at what he/she can actually do.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | 1. When your child is lying on his/her back, does he/she play by grabbing hold of his/her feet? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 1. Yes, often 2. Yes, but seldom 3-No, not yet   4-Don’t know | | | | | | | | | | | | | | DD348 | | | | | | | | | |
| 2. When your child is on his/her tummy, does he/she straighten both arms and push her whole chest off the bed or floor? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | DD349 | | | | | | | | | |
| 3. Does your child roll over from his/her back onto his/her tummy? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | DD350 | | | | | | | | | |
| 4. When you “chat” to your child, does he/she try to “chat” back to you? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | DD351 | | | | | | | | | |
| 5. Does your child babble and make sounds when he/she is lying on his/her own? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | DD352 | | | | | | | | | |
| 6. Can you tell how your child is just by listening to the sounds he/she is making  *(e.g. contented, hungry, angry, in pain)?* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | DD353 | | | | | | | | | |
| 7. Do you get a smile from your child when you just smile at him/her *(without*  *touching or tickling him/her and without holding up a toy)?* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | DD354 | | | | | | | | | |
| 8. When you call your child, does he/she turn towards you one of the first times you say his/her name? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | DD355 | | | | | | | | | |
| 9. Does your child grab a toy you offer and then put it in his/her mouth or hold it? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | DD356 | | | | | | | | | |
| 10. When your child is sitting on your lap, does he/she stretch out for a toy or something else on the table in front of you? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | DD357 | | | | | | | | | |
| 11. Does your child hold onto a toy with both hands when he/she is examining it? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | DD358 | | | | | | | | | |
| **Q** | | |  | | | | | | | | | | | | | | | **Response options** | | | | | | | | | | | | | | | | | | | | | | | | | **Variable name** | | | | | | | | | |
| **37** | | | **Where is your child cared for during the day?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | At home with mother/father/other family member | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | DD359 | | | | | | | | | |
| At home with an unqualified childminder | | | | | | | | | | | | | | | DD360 | | | | | | | | | |
| At a childminder’s | | | | | | | | | | | | | | | DD361 | | | | | | | | | |
| In a family creche | | | | | | | | | | | | | | | DD362 | | | | | | | | | |
| In a nursery | | | | | | | | | | | | | | | DD363 | | | | | | | | | |
| **38** | | | **How many other children are there usually along with your child during the day?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | | | | | Number 0-99 | | | | | | | | | | | | | | | | | | | | | | | | | DD364 | | | | | | | | | |
| **39** | | | **Does your child go to baby swimming?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | | | | | 1. No 2. Yes | | | | | | | | | | | | | | | | | | | | | | | | | DD365 | | | | | | | | | |
| If yes, indicate the number of times during the last 2 months | | | | | | | | | | | | | | | Number 0-99 | | | | | | | | | | | | | | | | | | | | | | | | | DD366 | | | | | | | | | |
| **40** | | | **How often is your child outside?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | | | | | 1. Seldom 2. Often, but less than 1 hour a day 3. 1-3 hours a day 4. More than 3 hours a day | | | | | | | | | | | | | | | | | | | | | | | | | DD367 | | | | | | | | | |
| **Q** | | |  | | | | | | | | | | | | | | | **Response options** | | | | | | | | | | | | | | | | | | | | | | | | | **Variable name** | | | | | | | | | |
| **41** | | | **Does your child use a dummy/pacifier?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | | | | | 1. Seldom or never 2. Only when he/she goes to sleep 3. Often 4. Most of the time | | | | | | | | | | | | | | | | | | | | | | | | | DD368 | | | | | | | | | |
| **42** | | | **How many hours in total does your child sleep per 24 hours?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | | | | | 1. Less than 8 hours 2. 8-10 hours 3. 11-13 hours 4. 13-14 hours 5. More than 14 hours | | | | | | | | | | | | | | | | | | | | | | | | | DD369 | | | | | | | | | |
| **43** | | | **How do you put your child down when he/she is going to sleep?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | | | | | *On back* | | | | | | | | | | | | | *On side* | | | | | | | | | | | | *On tummy* | | | | | | | | | |
| After the birth | | | | | | | | | | | | | | | DD370 | | | | | | | | | | | | | DD371 | | | | | | | | | | | | DD372 | | | | | | | | | |
| At 2 months | | | | | | | | | | | | | | | DD373 | | | | | | | | | | | | | DD374 | | | | | | | | | | | | DD375 | | | | | | | | | |
| At 4 months | | | | | | | | | | | | | | | DD376 | | | | | | | | | | | | | DD377 | | | | | | | | | | | | DD378 | | | | | | | | | |
| At 6 months | | | | | | | | | | | | | | | DD379 | | | | | | | | | | | | | DD380 | | | | | | | | | | | | DD381 | | | | | | | | | |
| **44** | | | **Does your child share a bed with his/her mother/father (at least half the night)?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | After the birth | | | | | | | | | | | | | | | 1. No 2. Sometimes 3. Often | | | | | | | | | | | | | | | | | | | | | | | | | DD382 | | | | | | | | | |
| At 2 months | | | | | | | | | | | | | | | DD383 | | | | | | | | | |
| At 4 months | | | | | | | | | | | | | | | DD384 | | | | | | | | | |
| At 6 months | | | | | | | | | | | | | | | DD385 | | | | | | | | | |
| **Q** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | **Response options** | | | | | | | | | | | | | | | | | | | | **Variable name** | | | | | | | | | | | |
| **45** | | | **Say whether you agree or disagree with the following statements about the child’s mood and temperament. Think about how he/she usually is.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | The child cries and complains a lot | | | | | | | | | | | | | | | | | | | | | | | | | 1. Completely disagree 2. Disagree 3. Disagree somewhat 4. Indifferent 5. Agree somewhat 6. Agree 7. Agree completely | | | | | | | | | | | | | | | | | | | | DD386 | | | | | | | | | | | |
| The child is easy to calm when he/she cries | | | | | | | | | | | | | | | | | | | | | | | | | DD387 | | | | | | | | | | | |
| The child is easily upset | | | | | | | | | | | | | | | | | | | | | | | | | DD388 | | | | | | | | | | | |
| When the baby cries, he/she usually cries loudly and vigorously | | | | | | | | | | | | | | | | | | | | | | | | | DD389 | | | | | | | | | | | |
| The child is easy to handle | | | | | | | | | | | | | | | | | | | | | | | | | DD390 | | | | | | | | | | | |
| The child requires a lot of attention | | | | | | | | | | | | | | | | | | | | | | | | | DD391 | | | | | | | | | | | |
| When left alone, he/she usually plays alone and is contented | | | | | | | | | | | | | | | | | | | | | | | | | DD392 | | | | | | | | | | | |
| The child is so demanding that it would represent a considerable problem for most parents | | | | | | | | | | | | | | | | | | | | | | | | | DD393 | | | | | | | | | | | |
| The child smiles and laughs frequently | | | | | | | | | | | | | | | | | | | | | | | | | DD394 | | | | | | | | | | | |
| The child is easy to put to bed, and falls asleep quickly | | | | | | | | | | | | | | | | | | | | | | | | | DD395 | | | | | | | | | | | |
| **46** | | | **Currently how often does your child usually wake up during the night?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | | | | | | | | | | | | | | | 1. 3 or more times every night 2. Once or twice every night 3. A few times a week 4. Seldom or never | | | | | | | | | | | | | | | | | | | | DD396 | | | | | | | | | | | |
| **Your comments about the questionnaire** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | DD397 | | | | | | | | | | | |
| **Q** | | |  | | | | | | | | | | | | **Response options** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Variable name** | | | | | | | | | | | | |
| **47** | | | **Did you go to your doctor/midwife/health visitor for your own health problems during the first month after**  **the birth?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | | 1. No 2. Yes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | DD401 | | | | | | | | | | | | |
| Yes, times | | | | | | | | | | | | | | | | | | | | | | | | | | | | | DD402 | | | | | | | | | | | | |
| **48** | | | **If yes, what was the reason for this?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | | Perineal wounds/stitches | | | | | | | | | | | | | | | | | | | | | | | | | | | | | DD403 | | | | | | | | | | | | |
| Caesarean section wound | | | | | | | | | | | | | | | | | | | | | | | | | | | | | DD404 | | | | | | | | | | | | |
| Mastitis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | DD405 | | | | | | | | | | | | |
| Sore nipples | | | | | | | | | | | | | | | | | | | | | | | | | | | | | DD406 | | | | | | | | | | | | |
| Breastfeeding problems | | | | | | | | | | | | | | | | | | | | | | | | | | | | | DD407 | | | | | | | | | | | | |
| Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | DD408 | | | | | | | | | | | | |
| Other, specify | | | | | | | | | | | | | | | | | | | | | | | | | | | | | DD409 DD869 (txt.) | | | | | | | | | | | | |
| **49** | | | **When you think back to the time just after the birth, did you feel depressed during that period?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | | 1. No 2. Yes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | DD410 | | | | | | | | | | | | |
| Yes, weeks | | | | | | | | | | | | | | | | | | | | | | | | | | | | | DD411 | | | | | | | | | | | | |
| **50** | | | **Apart from being in hospital for the birth, have you been admitted to hospital since you completed the**  **previous questionnaire?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | | 1. No 2. Yes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | DD412 | | | | | | | | | | | | |
| Yes, specify hospital | | | | | | | | | | | | | | | | | | | | | | | | | | | | | DD413 DD870 (txt.) | | | | | | | | | | | | |
| **51** | | | **Do you have a chronic/long-term illness which has started since you completed the previous**  **questionnaire?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | | 1. No 2. Yes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | DD414 | | | | | | | | | | | | |
| Yes, specify | | | | | | | | | | | | | | | | | | | | | | | | | | | | | DD415 DD871 (txt.) | | | | | | | | | | | | |
| **52** | | | **Overall, how would you describe your physical health at the moment?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | | 1-Very good 2-Good   1. Poor 2. Very poor | | | | | | | | | | | | | | | | | | | | | | | | | | | | | DD416 | | | | | | | | | | | | |
| **Q** | | |  | | | | **Response options / Variable name** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **53** | | | **Have you had any of the following problems/illnesses since you completed the previous questionnaire? If yes, are you taking or have you taken medication for these problems?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | *Illness/problems* | | | | *Have you suffered from…?* | | | | | | | | | | | | | | | | *If you have taken medication…* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| No | | | *Yes, last part during pregnancy* | | | | | | *Yes, after the birth* | | | | | | | *Name of medication taken* | | | | | | | | | *Last part of this pregnancy* | | | | | | | | *0-3 mth after the birth* | | | | | | | *4-6 mth after the birth* | | | | | | | | *Number of days taken in total* | | | | | | | | |
| 1.Sugar in urine | | | | DD417 | | | DD418 | | | | | | DD419 | | | | | | | DD420 DD872\_K | | | | | | | | | DD421 | | | | | | | | DD422 | | | | | | | DD423 | | | | | | | | DD424 | | | | | | | | |
| 2.Protein in urine | | | | DD425 | | | DD426 | | | | | | DD427 | | | | | | | DD428 DD873\_K | | | | | | | | | DD429 | | | | | | | | DD430 | | | | | | | DD431 | | | | | | | | DD432 | | | | | | | | |
| 3.High blood pressure | | | | DD433 | | | DD434 | | | | | | DD435 | | | | | | | DD436 DD874\_K | | | | | | | | | DD437 | | | | | | | | DD438 | | | | | | | DD439 | | | | | | | | DD440 | | | | | | | | |
| 4.Swelling (oedema) | | | | DD441 | | | DD442 | | | | | | DD443 | | | | | | | DD444 DD875\_K | | | | | | | | | DD445 | | | | | | | | DD446 | | | | | | | DD447 | | | | | | | | DD448 | | | | | | | | |
| 5.Cystitis | | | | DD449 | | | DD450 | | | | | | DD451 | | | | | | | DD452 DD876\_K | | | | | | | | | DD453 | | | | | | | | DD454 | | | | | | | DD455 | | | | | | | | DD456 | | | | | | | | |
| 6.Sluggish bowels/constipation | | | | DD457 | | | DD458 | | | | | | DD459 | | | | | | | DD460 DD877\_K | | | | | | | | | DD461 | | | | | | | | DD462 | | | | | | | DD463 | | | | | | | | DD464 | | | | | | | | |
| 7.Diarrhoea/vomiting | | | | DD465 | | | DD466 | | | | | | DD467 | | | | | | | DD468 DD878\_K | | | | | | | | | DD469 | | | | | | | | DD470 | | | | | | | DD471 | | | | | | | | DD472 | | | | | | | | |
| 8.Heartburn/acidity | | | | DD473 | | | DD474 | | | | | | DD475 | | | | | | | DD476 DD879\_K | | | | | | | | | DD477 | | | | | | | | DD478 | | | | | | | DD479 | | | | | | | | DD480 | | | | | | | | |
| 9.Common cold  /influenza | | | | DD481 | | | DD482 | | | | | | DD483 | | | | | | | DD484 DD880\_K | | | | | | | | | DD485 | | | | | | | | DD486 | | | | | | | DD487 | | | | | | | | DD488 | | | | | | | | |
| 10.Sore throat  /sinusitis/ear infection | | | | DD489 | | | DD490 | | | | | | DD491 | | | | | | | DD492 DD881\_K | | | | | | | | | DD493 | | | | | | | | DD494 | | | | | | | DD495 | | | | | | | | DD496 | | | | | | | | |
| 11.Pneumonia/ bronchitis | | | | DD497 | | | DD498 | | | | | | DD499 | | | | | | | DD500 DD882\_K | | | | | | | | | DD501 | | | | | | | | DD502 | | | | | | | DD503 | | | | | | | | DD504 | | | | | | | | |
| 12.Asthma | | | | DD505 | | | DD506 | | | | | | DD507 | | | | | | | DD508 DD883\_K | | | | | | | | | DD509 | | | | | | | | DD510 | | | | | | | DD511 | | | | | | | | DD512 | | | | | | | | |
| 13.Hay fever/other allergy | | | | DD513 | | | DD514 | | | | | | DD515 | | | | | | | DD516 DD884\_K | | | | | | | | | DD517 | | | | | | | | DD518 | | | | | | | DD519 | | | | | | | | DD520 | | | | | | | | |
| 14.Headache/other pains | | | | DD521 | | | DD522 | | | | | | DD523 | | | | | | | DD524 DD885\_K | | | | | | | | | DD525 | | | | | | | | DD526 | | | | | | | DD527 | | | | | | | | DD528 | | | | | | | | |
| 15.Vaginitis | | | | DD529 | | | DD530 | | | | | | DD531 | | | | | | | DD532 DD886\_K | | | | | | | | | DD533 | | | | | | | | DD534 | | | | | | | DD535 | | | | | | | | DD536 | | | | | | | | |
| 16.Mental health problems | | | | DD537 | | | DD538 | | | | | | DD539 | | | | | | | DD540 DD887\_K | | | | | | | | | DD541 | | | | | | | | DD542 | | | | | | | DD543 | | | | | | | | DD544 | | | | | | | | |
| 17.Mastitis | | | | DD545 | | | DD546 | | | | | | DD547 | | | | | | | DD548 DD888\_K | | | | | | | | | DD549 | | | | | | | | DD550 | | | | | | | DD551 | | | | | | | | DD552 | | | | | | | | |
| 18.Fever | | | | DD553 | | | DD554 | | | | | | DD555 | | | | | | | DD556 DD889\_K | | | | | | | | | DD557 | | | | | | | | DD558 | | | | | | | DD559 | | | | | | | | DD560 | | | | | | | | |
| 19.Other | | | | DD561 | | | DD562 | | | | | | DD563 | | | | | | | DD564 DD890\_K | | | | | | | | | DD565 | | | | | | | | DD566 | | | | | | | DD567 | | | | | | | | DD568 | | | | | | | | |
| Other, specify | | | | DD569 DD881 (txt.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Q** | | |  | | | | **Response options / Variable name** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **54** | | | **Have you taken medicines other than those mentioned in Question 53?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | | | 1. No 2. Yes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | DD570 | | | | | | | | | | | | | | | | |
| **55** | | | **If yes, give the name of the medicines and when you took them.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | | | Name of medicine | | | | | *Last part of pregnancy* | | | | | | | | | | | | | | | | *0-3 months after the birth* | | | | | | | | | | | | | | | | | | *4-6 months after the birth* | | | | | | | | | | | | | | | | |
| *Taken medication* | | | | | | | *Number of days* | | | | | | | | | *Taken medication* | | | | | | | | *Number of days* | | | | | | | | | | *Taken medication* | | | | | | | | *Number of days* | | | | | | | | |
| 1. | | | | DD571 DD892\_K | | | | | DD572 | | | | | | | DD573 | | | | | | | | | DD574 | | | | | | | | DD575 | | | | | | | | | | DD576 | | | | | | | | DD577 | | | | | | | | |
| 2. | | | | DD578 DD893\_K | | | | | DD579 | | | | | | | DD580 | | | | | | | | | DD581 | | | | | | | | DD582 | | | | | | | | | | DD583 | | | | | | | | DD584 | | | | | | | | |
| 3. | | | | DD585 DD894\_K | | | | | DD586 | | | | | | | DD587 | | | | | | | | | DD588 | | | | | | | | DD589 | | | | | | | | | | DD590 | | | | | | | | DD591 | | | | | | | | |
| **56** | | | **Do you take or have you taken cod liver oil, vitamins or other dietary supplements since the previous**  **questionnaire?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | | | 1. No 2. Yes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | DD570 | | | | | | | | |
| **57** | | | **If yes, which product, when did you take it and how often?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | | | Name of medicine | | | | | *When did you take the product?* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | *How often?* | | | | | | | | | | | | | | | | |
| *Last part of*  *pregnancy* | | | | | | | | | *0-3 months*  *after the birth* | | | | | | | | | | | | *4-6 months after*  *the birth* | | | | | | | | | | | | | *Taken daily* | | | | | | | | *Taken*  *sometimes* | | | | | | | | |
| 1. | | | | DD593 DD895\_K | | | | | DD594 | | | | | | | | | DD595 | | | | | | | | | | | | DD596 | | | | | | | | | | | | | DD597 | | | | | | | | DD598 | | | | | | | | |
| 2. | | | | DD599 DD896\_K | | | | | DD600 | | | | | | | | | DD601 | | | | | | | | | | | | DD602 | | | | | | | | | | | | | DD603 | | | | | | | | DD604 | | | | | | | | |
| 3. | | | | DD605 DD897\_K | | | | | DD606 | | | | | | | | | DD607 | | | | | | | | | | | | DD608 | | | | | | | | | | | | | DD609 | | | | | | | | DD610 | | | | | | | | |
| **Q** | | |  | | | | | | | | | | | | **Response options** | | | | | | | | | | | | | | | | | | **Variable name** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **58** | | | **Have you experienced any pain in your back or pelvis since you completed the previous questionnaire?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | | 1. No 2. Yes | | | | | | | | | | | | | | | | | | DD614 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **59** | | | **If yes, enter a cross to indicate where you have experienced pain, when and how much.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | **Where was the pain?** | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | *Last part of*  *pregnancy* | | | | | | | | | | *0-3 months*  *after the birth* | | | | | | | | | | *4-6 months*  *after the birth* | | | | | | | | | |
| 1-Some pain 2-Major pain | | | | | | | | | | 1-Some pain 2-Major pain | | | | | | | | | | 1-Some pain 2-Major pain | | | | | | | | | |
| Small of the back | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | DD615 | | | | | | | | | | DD616 | | | | | | | | | | DD617 | | | | | | | | | |
| One of the pelvic/ sacroiliac joints at the back | | | | | | | | | | | | DD618 | | | | | | | | | | DD619 | | | | | | | | | | DD620 | | | | | | | | | |
| Both pelvic/ sacroiliac joints at the back | | | | | | | | | | | | DD621 | | | | | | | | | | DD622 | | | | | | | | | | DD623 | | | | | | | | | |
| Over the coccygeal bone | | | | | | | | | | | | DD624 | | | | | | | | | | DD625 | | | | | | | | | | DD626 | | | | | | | | | |
| In the buttocks | | | | | | | | | | | | DD627 | | | | | | | | | | DD628 | | | | | | | | | | DD629 | | | | | | | | | |
| Over the public bone | | | | | | | | | | | | DD630 | | | | | | | | | | DD631 | | | | | | | | | | DD632 | | | | | | | | | |
| Groin | | | | | | | | | | | | DD633 | | | | | | | | | | DD634 | | | | | | | | | | DD635 | | | | | | | | | |
| Other back pains | | | | | | | | | | | | DD636 | | | | | | | | | | DD637 | | | | | | | | | | DD638 | | | | | | | | | |
| **60** | | | **Currently, do you wake up at night because of pelvic pain?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | | 1. No, never 2. Yes, but only sometimes 3-Yes, often | | | | | | | | | | | | | | | | | | DD639 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **61** | | | **Do you have such problems walking at the moment due to pelvic pain that you have to use a stick or crutches?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | | 1. No, never 2. Yes, but not every day 3-Yes, every day | | | | | | | | | | | | | | | | | | DD640 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **62** | | | **Have you *ever* received treatment for pelvic pain?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | | 1. No 2. Yes | | | | | | | | | | | | | | | | | | DD641 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **63** | | | **If yes, enter a cross to indicate the type of treatment and when it was.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | *Before this pregnancy* | | | | | | | | | | *During this pregnancy* | | | | | | | | | | *After this birth* | | | | | | | | | |
| Physiotherapy | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | DD642 | | | | | | | | | | DD643 | | | | | | | | | | DD644 | | | | | | | | | |
| Chiropractic | | | | | | | | | | | | DD645 | | | | | | | | | | DD646 | | | | | | | | | | DD647 | | | | | | | | | |
| Medication | | | | | | | | | | | | DD648 | | | | | | | | | | DD649 | | | | | | | | | | DD650 | | | | | | | | | |
| Other | | | | | | | | | | | | DD651 | | | | | | | | | | DD652 | | | | | | | | | | DD653 | | | | | | | | | |
| Other, specify | | | | | | | | | | | | DD654 DD898 (txt.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **64** | | | **How long was it before you resumed sexual intercourse after the birth?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | weeks  Have not had sexual intercourse | | | | | | | | | | | | Number 0-99 | | | | | | | | | | | | | | | | | | DD655 DD656 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Q** | | | |  | | | | | | | | | | | | | | | | | | | | **Response options / Variable name** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **65** | | | | **Do you have any of the following problems at the moment; if so, how often and to what extent?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | |  | | | | | | | | | | | | | | | | | | | | *How often?* | | | | | | | | | | | | | | | | | | | | | | *How much at a* | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | 1) Never | | | | | | | | | | | | | | | | | | | | | | *time?* | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | 2)1-4 times a month | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | 3) 1-6 times a week | | | | | | | | | | | | | | | | | | | | | | 1-Drops | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | 4) Once a day | | | | | | | | | | | | | | | | | | | | | | 2-Large amounts | | | | | | | | | | |
| *Problem* | | | | | | | | | | | | | | | | | | | | 5) More than once a day | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
| Incontinence when coughing, sneezing or laughing | | | | | | | | | | | | | | | | | | | | DD657 | | | | | | | | | | | | | | | | | | | | | | DD658 | | | | | | | | | | |
| Incontinence during physical activity (running/jumping) | | | | | | | | | | | | | | | | | | | | DD659 | | | | | | | | | | | | | | | | | | | | | | DD660 | | | | | | | | | | |
| Incontinence with a strong need to urinate | | | | | | | | | | | | | | | | | | | | DD661 | | | | | | | | | | | | | | | | | | | | | | DD662 | | | | | | | | | | |
| Problems with retaining faeces | | | | | | | | | | | | | | | | | | | | DD663 | | | | | | | | | | | | | | | | | | | | | | N/A | | | | | | | | | | |
| Problems with flatulence | | | | | | | | | | | | | | | | | | | | DD664 | | | | | | | | | | | | | | | | | | | | | |
| **Q** | | |  | | | | | | | | | | | | **Response options** | | | | | | | | | | | | | | | | | | **Variable name** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **66** | | | **How many times did you go for an ultrasound scan during your pregnancy?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | weeks | | | | | | | | | | | | Number 0-99 | | | | | | | | | | | | | | | | | | DD665 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **67** | | | **Was everything OK with the ultrasound scan(s)?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | | 1. No 2. Yes | | | | | | | | | | | | | | | | | | DD666 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **68** | | | **If no, what was the problem?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | The baby was not growing enough | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | DD667 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Suspected malformation | | | | | | | | | | | | DD668 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Suspected malformation, describe | | | | | | | | | | | | DD669 DD899 (txt) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other | | | | | | | | | | | | DD670 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other, specify | | | | | | | | | | | | DD671 DD900 (txt) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **69** | | | **How much did you weigh at the end of your pregnancy and how much do you weigh now?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | At end of pregnancy | | | | | | | | | | | | kg | | | | | | | | | | | | | | | | | | DD672 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Now | | | | | | | | | | | | kg | | | | | | | | | | | | | | | | | | DD673 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Q** | | |  | | | | | | | **Response options** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Variable**  **name** | | | | | | | | |
| **70** | | | **Were you completely or partly on sick leave after week 30 of your pregnancy? *(Don’t include maternity leave)*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | | | | | | 1. No 2. Yes, partly on sick leave 3. Yes, completely on sick leave | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | DD674 | | | | | | | | |
| **71** | | | **If you were on sick leave after week 30 of your pregnancy, complete the table below with a line for each time you**  **were on sick leave. Give the reason and enter a cross indicating which weeks of your pregnancy you were on sick leave. Specify how many days and what percentage of the period you were on sick leave each time.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | | | | | | *Reason for sick leave* | | | | | | | | *Sick leave during week of pregnancy* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | *No. of days* | | | | | | *% sick leave* | | | | | | | | |
| 30-33 | | | | | | | | | | | 34-37 | | | | | | | | | | 38+ | | | | | | | |
| Sick leave No.1 | | | | | | | DD675 DD901(txt) | | | | | | | | DD676 | | | | | | | | | | | DD677 | | | | | | | | | | DD678 | | | | | | | | DD679 | | | | | | DD680 | | | | | | | | |
| Sick leave No.2 | | | | | | | DD681 DD902(txt) | | | | | | | | DD682 | | | | | | | | | | | DD683 | | | | | | | | | | DD684 | | | | | | | | DD685 | | | | | | DD686 | | | | | | | | |
| Sick leave No.3 | | | | | | | DD687 DD903(txt) | | | | | | | | DD688 | | | | | | | | | | | DD689 | | | | | | | | | | DD690 | | | | | | | | DD691 | | | | | | DD692 | | | | | | | | |
| **Q** | | | | | |  | | | | | | | | | | | | **Response options** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Variable name** | | | | | | | | | | |
| **72** | | | | | | **Would your current financial situation allow you to cope with an unexpected bill of NOK 10,000 for a dental visit or a repair, for instance?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | |  | | | | | | | | | | | | 1. No 2. Yes 3. Don’t know | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | DD693 | | | | | | | | | | |
| **73** | | | | | | **Have you found it difficult sometimes during the last six months to cope with running expenses for food,**  **transport, rent, etc.?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | |  | | | | | | | | | | | | 1. Never 2. Yes, but infrequently 3-Yes, sometimes   4-Yes, often | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | DD694 | | | | | | | | | | |
| **74** | | | | | | **Are there pets in the child’s home?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | |  | | | | | | | | | | | | 1. No 2. Yes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | DD979 | | | | | | | | | | |
| **75** | | | | | | **If yes, which type(s)?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | 1. Dog | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | DD696 | | | | | | | | | | |
| 2. Cat | | | | | | | | | | | | DD697 | | | | | | | | | | |
| 3. Guinea pig/rabbit/hamster/ rat, etc. | | | | | | | | | | | | DD698 | | | | | | | | | | |
| 4. Budgie or other type of birds | | | | | | | | | | | | DD699 | | | | | | | | | | |
| 5. Other type of animals | | | | | | | | | | | | DD700 | | | | | | | | | | |
| Other type of animals, specify | | | | | | | | | | | | DD701 DD904 (txt.) | | | | | | | | | | |
| **76** | | | | | | **Do you have heating based on electrical heating cables under the floor in rooms where you child is?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | |  | | | | | | | | | | | | 1. No 2. Yes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | DD702 | | | | | | | | | | |
| **77** | | | | | | **If yes, in which rooms?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | Living room | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | DD703 | | | | | | | | | | |
| kitchen | | | | | | | | | | | | DD704 | | | | | | | | | | |
| Child’s room | | | | | | | | | | | | DD705 | | | | | | | | | | |
| Bedroom | | | | | | | | | | | | DD706 | | | | | | | | | | |
| Hall | | | | | | | | | | | | DD707 | | | | | | | | | | |
| Bathroom | | | | | | | | | | | | DD708 | | | | | | | | | | |
| Other rooms | | | | | | | | | | | | DD709 | | | | | | | | | | |
| **Q** | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | **Response options** | | | | | | | | | | | | | | | | | | | | | | **Variable name** | | | | | | | | | |
| **78** | | | | **How often do you do exercises the following groups of muscles at home or at a gym?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | Abdominal muscles | | | | | | | | | | | | | | | | | | | | | | | | | | 1) Never | | | | | | | | | | | | | | | | | | | | | | DD710 | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | 1. 1-3 times a month 2. Once a week | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| Back muscles | | | | | | | | | | | | | | | | | | | | | | | | | | DD711 | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | 1. Twice a week 2. 3 times or more a week | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| Pelvic floor muscles (muscles around the vagina, urethra, anus) | | | | | | | | | | | | | | | | | | | | | | | | | | DD712 | | | | | | | | | |
| **79** | | | | **How often are you physically active at present?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | 1. Walking | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | DD716 | | | | | | | | | |
| 2. Brisk walking | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | DD717 | | | | | | | | | |
| 3. Running/jogging/orienteering | | | | | | | | | | | | | | | | | | | | | | | | | | 1) Never | | | | | | | | | | | | | | | | | | | | | | DD718 | | | | | | | | | |
| 4. Bicycling | | | | | | | | | | | | | | | | | | | | | | | | | | DD719 | | | | | | | | | |
| 2) 1-3 times a month | | | | | | | | | | | | | | | | | | | | | |
| 5. Training studio/weight training | | | | | | | | | | | | | | | | | | | | | | | | | | DD720 | | | | | | | | | |
| 3) Once a week | | | | | | | | | | | | | | | | | | | | | |
| 6. Special gymnastics/aerobics for pregnant women | | | | | | | | | | | | | | | | | | | | | | | | | | DD721 | | | | | | | | | |
| 4) Twice a week | | | | | | | | | | | | | | | | | | | | | |
| 7. Aerobics/gymnastics/dance without running and jumping | | | | | | | | | | | | | | | | | | | | | | | | | | DD722 | | | | | | | | | |
| 5) 3 times or more a week | | | | | | | | | | | | | | | | | | | | | |
| 8. Aerobics/gymnastics with running and jumping | | | | | | | | | | | | | | | | | | | | | | | | | | DD723 | | | | | | | | | |
| 9. Dancing (swing/rock/folk) | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | DD724 | | | | | | | | | |
| 10. Skiing | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | DD725 | | | | | | | | | |
| 11. Ball sports | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | DD726 | | | | | | | | | |
| 12. Swimming | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | DD727 | | | | | | | | | |
| 13. Riding | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | DD728 | | | | | | | | | |
| 14. Other | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | DD729 | | | | | | | | | |
| **80** | | | | **How often at the moment are you so physically active in your spare time and/or at work that you get out of**  **breath or sweat?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | Spare time | | | | | | | | | | | | | | | | | | | | | | | | | | 1) Never | | | | | | | | | | | | | | | | | | | | | | DD730 | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | 2) Less than once a week | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | 3) Once a week | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | 1. Twice a week 2. 3-4 times or more a week | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| At work | | | | | | | | | | | | | | | | | | | | | | | | | | DD731 | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | 6) 5 times a week or more | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| **Q** | | | | | |  | | **Response options** | | | | | | | | | | | | **Variable name** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **81** | | | | | | **What were your and your partner/husband’s smoking habits during the last 3 months of your pregnancy and in the period after the birth?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | |  | |  | | | | | | | | | | | | *Yourself* | | | | | | | | | | | | | | | | | | | | | | *Your partner/husband* | | | | | | | | | | | | | | | | | | | |
| Last 3 mths during  pregnancy | | | | | | | | | 0-3 mths after birth | | | | | | 4-6 mths after birth | | | | | | | Last 3 mths during  pregnancy | | | | | | | | 0-3 mths after birth | | | | | 4-6 mths after birth | | | | | | |
| 1. Didn’t smoke 2. Smoked sometimes 3-Smoked every day | | DD732 | | | | | | | | | DD733 | | | | | | DD734 | | | | | | | DD735 | | | | | | | | DD736 | | | | | DD737 | | | | | | |
| If every day, number of cigarettes per day | | DD738 | | | | | | | | | DD739 | | | | | | DD740 | | | | | | | DD741 | | | | | | | | DD742 | | | | | DD743 | | | | | | |
| If sometimes, number of cigarettes a day | | DD1114 | | | | | | | | | DD1115 | | | | | | DD1116 | | | | | | | DD1117 | | | | | | | | DD1118 | | | | | DD1119 | | | | | | |
| **82** | | | | | | **Is your child ever present in a room where someone smokes?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | |  | | | | |  | | | | | | |
|  | | | | | |  | | 1. No 2. Yes, sometimes 3. Yes, several times a week 4. Yes, every day | | | | | | | | | | | | DD744 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If every day, number of hours | | | | | | | | | | | | DD745 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Q** | | | | | |  | | | | | **Response options** | | | | | | | | | | | | | | | | | | | | | | **Variable name** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **83** | | | | | | **Did you take any of the following substances during the last 3 months of your pregnancy and after the birth?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | No | | | | | | | | | | Yes, last 3 months of  pregnancy | | | | | | | | | Yes, after birth | | | | | | | | | |
| Hash | | | | |  | | | | | | | | | | | | | | | | | | | | | | DD746 | | | | | | | | | | DD747 | | | | | | | | | DD748 | | | | | | | | | |
| Amphetamine | | | | | DD749 | | | | | | | | | | DD750 | | | | | | | | | DD751 | | | | | | | | | |
| Ecstasy | | | | | DD752 | | | | | | | | | | DD753 | | | | | | | | | DD754 | | | | | | | | | |
| Cocaine | | | | | DD755 | | | | | | | | | | DD756 | | | | | | | | | DD757 | | | | | | | | | |
| Heroin | | | | | DD758 | | | | | | | | | | DD759 | | | | | | | | | DD760 | | | | | | | | | |
| Other | | | | | DD761 | | | | | | | | | | DD762 | | | | | | | | | DD763 | | | | | | | | | |
| Other, specify | | | | | DD764 DD905 (txt.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **84** | | | | | | **Have you taken any of the following substances during the last 3 months of your pregnancy and after the**  **birth?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | Anabolic steroids | | | | |  | | | | | | | | | | | | | | | | | | | | | | DD765 | | | | | | | | | | DD766 | | | | | | | | | DD767 | | | | | | | | | |
| Testosterone products | | | | | DD768 | | | | | | | | | | DD769 | | | | | | | | | DD770 | | | | | | | | | |
| Growth hormones (e.g. genotropin/somatropin) | | | | | DD771 | | | | | | | | | | DD772 | | | | | | | | | DD773 | | | | | | | | | |
| **Q** | | | | | |  | | | | | | | | | | **Response options** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Variable name** | | | | | | | | | |
| **85** | | | | | | **How often did you drink alcohol during the last 3 months of your pregnancy and how often do you drink now?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | Last 3 months of pregnancy | | | | | | | | | | 1-Roughly 6-7 times a week 2-Roughly 4-5 times a week 3-Roughly 2-3 times a week 4- Roughly once a week  5- Roughly 1-3 times a week 6-Less than once a month  7-Never | | | | | | | | | | | | | | | | | | | | | | | | | | | | | DD774 | | | | | | | | | |
| *0-3 months after the birth* | | | | | | | | | | DD775 | | | | | | | | | |
| 4-6 months after the birth | | | | | | | | | | DD776 | | | | | | | | | |
| **86** | | | | | | **How many units of alcohol do you usually drink when you consume alcohol (complete both for the**  **last 3 months of your pregnancy and afterwards)?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | Last 3 months of pregnancy | | | | | | | | | | 1) 10 or more 2) 7-9  3) 5-6  4) 3-4  5) 1-2  6) Less than 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | DD777 | | | | | | | | | |
| *0-3 months after the birth* | | | | | | | | | | DD778 | | | | | | | | | |
| 4-6 months after the birth | | | | | | | | | | DD779 | | | | | | | | | |
| **Q** | | | | | |  | | | | | | | | | | | | | | | | | | | **Response options** | | | | | | | | | | | | | | | | | | **Variable name** | | | | | | | | | |
| **87** | | | | | | **Do you have a boyfriend/husband/partner?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | |  | | | | | | | | | | | | | | | | | | | 1. No 2. Yes | | | | | | | | | | | | | | | | | | DD780 | | | | | | | | | |
| **88** | | | | | | **If yes, how well do these statements describe your relationship?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | 1. I have a close relationship with my spouse/partner | | | | | | | | | | | | | | | | | | | 1-Agree completely 2-Agree   1. Agree somewhat 2. Disagree somewhat 5-Disagree   6-Disagree completely | | | | | | | | | | | | | | | | | | DD784 | | | | | | | | | |
| 2. My partner and I have problems in our relationship | | | | | | | | | | | | | | | | | | | DD785 | | | | | | | | | |
| 3. I am very happy with our relationship | | | | | | | | | | | | | | | | | | | DD786 | | | | | | | | | |
| 4. My partner is generally understanding | | | | | | | | | | | | | | | | | | | DD787 | | | | | | | | | |
| 5. I often consider ending our relationship | | | | | | | | | | | | | | | | | | | DD788 | | | | | | | | | |
| 6. I am satisfied with my relationship with my partner | | | | | | | | | | | | | | | | | | | DD789 | | | | | | | | | |
| 7. We frequently disagree on important decisions | | | | | | | | | | | | | | | | | | | DD790 | | | | | | | | | |
| 8. I have been lucky in my choice of a partner | | | | | | | | | | | | | | | | | | | DD791 | | | | | | | | | |
| 9. We agree on how our child should be raised | | | | | | | | | | | | | | | | | | | DD792 | | | | | | | | | |
| 10. I believe my partner is satisfied with our relationship | | | | | | | | | | | | | | | | | | | DD793 | | | | | | | | | |
| **Q** | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | **Response options** | | | | | | | | | | | | | | | **Variable name** | | | | | | | | | |
| **89** | | | | | **In your daily life, how often do you experience the following?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | 1. Feel glad about something | | | | | | | | | | | | | | | | | | | | | | | | | 1-Rarely or never 2-Hardly ever  3-Sometimes 4-Often  5-Very often | | | | | | | | | | | | | | | DD794 | | | | | | | | | |
| 2. Feel happy | | | | | | | | | | | | | | | | | | | | | | | | | DD795 | | | | | | | | | |
| 3. Feel joyful, like everything is going your way, everything is rosy | | | | | | | | | | | | | | | | | | | | | | | | | DD796 | | | | | | | | | |
| 4. Feel like screaming at somebody or banging on something | | | | | | | | | | | | | | | | | | | | | | | | | DD797 | | | | | | | | | |
| 5. Feel angry, irritated, annoyed | | | | | | | | | | | | | | | | | | | | | | | | | DD798 | | | | | | | | | |
| 6. Feel mad at somebody | | | | | | | | | | | | | | | | | | | | | | | | | DD799 | | | | | | | | | |
| **Q** | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | **Response options** | | | | | | | | | | | | | | | | | | | | | | **Variable**  **name** | | | | | | | | |
| **90** | | | | | | **Do you agree or disagree with the following statements?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | 1. In most ways my life is close to my ideal | | | | | | | | | | | | | | | | | | | | | | | 1- Strongly disagree | | | | | | | | | | | | | | | | | | | | | | DD800 | | | | | | | | |
| 1. Disagree 2. Slightly disagree | | | | | | | | | | | | | | | | | | | | | |
| 2. The conditions of my life are excellent | | | | | | | | | | | | | | | | | | | | | | | DD801 | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | 4- Neither agree nor disagree 5- Slightly agree | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |
| 3. I am satisfied with my life | | | | | | | | | | | | | | | | | | | | | | | DD802 | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | 1. Agree 2. Strongly agree | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |
| 4. So far I have gotten the important things I want in life | | | | | | | | | | | | | | | | | | | | | | | DD803 | | | | | | | | |
| 5. If I could live my life over, I would change almost nothing | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | DD804 | | | | | | | | |
| **Q** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Response options & variable**  **name** | | | | | | | | | | | | | | | | | | | | |
| **91** | | | **Have you experienced any of the following situations since the previous questionnaire? If yes, how painful or**  **difficult was this for you?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 1. No 2. Yes | | | | | | *If yes:*   1. Not too bad 2. Painful/difficult 3. Very painful/difficult | | | | | | | | | | | | | | |
| 1. Have you had problems at work or where you study? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | DD805 | | | | | | DD806 | | | | | | | | | | | | | | |
| 2. Have you had financial problems? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | DD807 | | | | | | DD808 | | | | | | | | | | | | | | |
| 3. Have you been divorced, separated or ended the relationship with your partner? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | DD809 | | | | | | DD810 | | | | | | | | | | | | | | |
| 4. Have you had any problems or conflicts with your family, friends or neighbors? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | DD811 | | | | | | DD812 | | | | | | | | | | | | | | |
| 5. Have you been seriously worried that there is something wrong with your child? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | DD813 | | | | | | DD814 | | | | | | | | | | | | | | |
| 6. Have you been seriously ill or injured? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | DD815 | | | | | | DD816 | | | | | | | | | | | | | | |
| 7. Has anyone close to you been seriously ill or injured? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | DD817 | | | | | | DD818 | | | | | | | | | | | | | | |
| 8. Have you been involved in a serious traffic accident, house fire or robbery? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | DD819 | | | | | | DD820 | | | | | | | | | | | | | | |
| 9. Have you lost someone close to you? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | DD821 | | | | | | DD822 | | | | | | | | | | | | | | |
| 10. Have you been pressurized into having sexual intercourse? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | DD823 | | | | | | DD824 | | | | | | | | | | | | | | |
| 11. Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | DD825 | | | | | | DD826 | | | | | | | | | | | | | | |
| **Q** | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | **Response options** | | | | | | | | | | | | | | | | **Variable name** | | | | | | | | | | |
| **92** | | | | | **Have you experienced any of the following feelings during the last week?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | 1. Have blamed yourself unnecessarily when things went wrong | | | | | | | | | | | | | | | | | | | | | | | | | 1-Yes, most of the time 2-Yes, some of the time 3-Not very often  4-Yes, very often | | | | | | | | | | | | | | | | DD827 | | | | | | | | | | |
| 2. Have been anxious or worried for no good reason | | | | | | | | | | | | | | | | | | | | | | | | | DD828 | | | | | | | | | | |
| 3. Have felt scared or panicky for no very good reason | | | | | | | | | | | | | | | | | | | | | | | | | DD829 | | | | | | | | | | |
| 4. Have been so unhappy that you have had difficulty sleeping | | | | | | | | | | | | | | | | | | | | | | | | | DD830 | | | | | | | | | | |
| 5. Have felt sad or miserable | | | | | | | | | | | | | | | | | | | | | | | | | DD831 | | | | | | | | | | |
| 6. Have been so unhappy that you have been crying | | | | | | | | | | | | | | | | | | | | | | | | | DD832 | | | | | | | | | | |
| **Q** | | | | |  | | | | | | | | | | | | | | | | | | | | | | | **Response options** | | | | | | | | | | | | | | | | | | **Variable name** | | | | | | | | | | | | | | | | | | |
| **93** | | | | | **How do you feel about yourself?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | 1. I have a positive attitude toward myself | | | | | | | | | | | | | | | | | | | | | | | 1-Strongly agree 2-Agree   1. Disagree 2. Strongly disagree | | | | | | | | | | | | | | | | | | DD833 | | | | | | | | | | | | | | | | | | |
| 2. I feel completely useless at times | | | | | | | | | | | | | | | | | | | | | | | DD834 | | | | | | | | | | | | | | | | | | |
| 3. I feel that I do not have much to be proud about | | | | | | | | | | | | | | | | | | | | | | | DD835 | | | | | | | | | | | | | | | | | | |
| 4. I feel that I am a valuable person, as good as anyone else | | | | | | | | | | | | | | | | | | | | | | | DD836 | | | | | | | | | | | | | | | | | | |
| **Q** | | | |  | | | | | | | | | | | | | | | | | | | | **Response options** | | | | | | | | | | | | | | | | **Variable name** | | | | | | | | | | |
| **94** | | | | **Have you been bothered by any of the following during the last two weeks?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | 1. Feeling fearful | | | | | | | | | | | | | | | | | | | | 1-Not bothered  2-A little bothered 3-Quite bothered 4-Very bothered | | | | | | | | | | | | | | | | DD837 | | | | | | | | | | |
| 2. Nervousness or shakiness inside | | | | | | | | | | | | | | | | | | | | DD838 | | | | | | | | | | |
| 3. Feeling hopeless about the future | | | | | | | | | | | | | | | | | | | | DD839 | | | | | | | | | | |
| 4. Felling blue | | | | | | | | | | | | | | | | | | | | DD840 | | | | | | | | | | |
| 5. Worrying too much about things | | | | | | | | | | | | | | | | | | | | DD841 | | | | | | | | | | |
| 6. Feeling everything is an effort | | | | | | | | | | | | | | | | | | | | DD842 | | | | | | | | | | |
| 7. Feeling tense or keyed up | | | | | | | | | | | | | | | | | | | | DD843 | | | | | | | | | | |
| 8. Suddenly scared for no reason | | | | | | | | | | | | | | | | | | | | DD844 | | | | | | | | | | |