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| **Q** |  | | **Response options / Variable name** | | | | | | | | | | | | |
| **1** | **What is your child’s height and weight (without clothes) at 3 years? If you know your child’s height and weight at 2 years and 15-18 months, enter these measurements too. (If you don’t know them, go on to the next question.) Give the date when the measurements were taken and enter a cross to indicate whether they were taken by you.** | | | | | | | | | | | | | | |
|  |  | |  | | | Date of measurement | | | | Height | | Weight | | Own measurement | |
| Day | month | | year |
| Approx. 3 years | | Q6\_AGE\_3\_Y | | | | GG25 | | GG26 | | GG664 | |
| Approx. 2 years | | Q6\_AGE\_2\_Y | | | | GG20 | | GG21 | | GG665 | |
| Approx. 15-18 months | | Q6\_AGE\_18\_M | | | | GG15 | | GG16 | | GG666 | |
| **Q** |  | | | | **Response options** | | | | | | | | **Variable name** | | |
| **2** | **How many months old was your child when he/she took his/her first steps unaided?** | | | | | | | | | | | | | | |
|  | months | | | |  | | | | | | | | GG27 | | |
| Still not walking unaided | | | | GG28 | | |
| **Q** | |  | | **Response options/Variable name** | | | | | | | | | | | | |
| **3** | | **Has your child suffered any long-term illness or health problems since the age of 18 months?** | | | | | | | | | | | | | | |
|  | |  | | No | | | | *Yes, has now* | | | *Yes, has previously* | | | | *If so, has child been referred to a*  *specialist?* | |
| 1. No 2. Yes | |
| 1. Impaired hearing | | GG29 | | | | GG30 | | | GG31 | | | | GG32 | |
| 2. Impaired vision | | GG33 | | | | GG34 | | | GG35 | | | | GG36 | |
| 3. Delayed motor development (e.g. sits/walks late) | | GG37 | | | | GG38 | | | GG39 | | | | GG40 | |
| 4. Cerebral palsy | | GG41 | | | | GG42 | | | GG43 | | | | GG44 | |
| 5. Joint problems | | GG45 | | | | GG46 | | | GG47 | | | | GG48 | |
| 6. Diabetes | | GG49 | | | | GG50 | | | GG51 | | | | GG52 | |
| 7. Gained too little weight | | GG53 | | | | GG54 | | | GG55 | | | | GG56 | |
| 8. Gained too much weight | | GG57 | | | | GG58 | | | GG59 | | | | GG60 | |
| 9. Heart defect | | GG61 | | | | GG62 | | | GG63 | | | | GG64 | |
| 10. Testicles not descended into scrotum | | GG65 | | | | GG66 | | | GG67 | | | | GG68 | |
| 11. Asthma | | GG69 | | | | GG70 | | | GG71 | | | | GG72 | |
| 12. Allergy affecting eyes or nose, e.g. hay fever | | GG73 | | | | GG74 | | | GG75 | | | | GG76 | |
| 13. Atopic eczema (childhood eczema) | | GG77 | | | | GG78 | | | GG79 | | | | GG80 | |
| 14. Other type of eczema | | GG81 | | | | GG82 | | | GG83 | | | | GG84 | |
| 15. Frequent diarrhea | | GG566 | | | | GG567 | | | GG568 | | | | GG569 | |
| 16. Frequent stomach pains | | GG570 | | | | GG571 | | | GG572 | | | | GG573 | |
| 17. Food allergy/intolerance | | GG85 | | | | GG86 | | | GG87 | | | | GG88 | |
| 18. Other gastrointestinal problems | | GG89/GG574 | | | | GG90/GG575 | | | GG91/GG576 | | | | GG92/GG577 | |
| 19. Late or abnormal speech development | | GG93 | | | | GG94 | | | GG95 | | | | GG96 | |
| 20. Sleep problems | | GG97 | | | | GG98 | | | GG99 | | | | GG100 | |
| 21. Trouble relating to others | | GG578 | | | | GG579 | | | GG580 | | | | GG581 | |
| 22. Hyperactivity | | GG105 | | | | GG106 | | | GG107 | | | | GG108 | |
| 23. Autistic traits | | GG101/GG582 | | | | GG102/GG583 | | | GG103/GG584 | | | | GG104/GG585 | |
| 24. Other behavioral problems | | GG109 | | | | GG110 | | | GG111 | | | | GG112 | |
| 25. Other long-term illness/condition | | GG113 | | | | GG114 | | | GG115 | | | | GG116 | |
| Other long-term illness/condition, specify | | GG586 (txt.) | | | | | | | | | | | | |
| **4** | | **If your child has been to see a specialist or to the hospital, what did the investigation show?** | | | | | | | | | | | | | | |
|  | |  | | 1. Everything was fine 2. Still some doubts/further investigation needed 3. Has not been for any investigation yet | | | | | | | | | | | GG117 | |
| Diagnosis 1 | | | | | | | | | | | GG118 | |
| Diagnosis 1, describe: | | | | | | | | | | | GG119(txt.) | |
| Diagnosis 2 | | | | | | | | | | | GG120 | |
| Diagnosis 2, describe: | | | | | | | | | | | GG121(txt.) | |
| Diagnosis 3 | | | | | | | | | | | GG122 | |
| Diagnosis 3, describe: | | | | | | | | | | | GG123(txt.) | |
| **5** | | **If your child has a serious or long-term illness, describe it, if possible, in more detail:** | | | | | | | | | | | | | | |
|  | |  | |  | | | | | | | | | | | GG124 (txt.) | |

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| **Q** |  | **Response options** | **Variable name** |
| **6** | **Has your child ever been exposed to or involved in a serious accident?** | | |
|  |  | 1. No 2. Yes | GG125 |
| **7** | **If yes, give a description:** | | |
|  |  |  | GG126 (txt.) |
| **8** | **Do you think that this has affected your child’s behaviour or development?** | | |
|  |  | 1. No 2. Yes | GG127 |

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| **Q** |  | | | | | | | | **Response options / Variable name** | | | | | | | | | | | | | | |
| **9** | **Has your child had any of the following illnesses/health problems between 6 and 11 months and/or 12 and 18 months? Specify how many times and whether your child has been admitted to hospital for this health problem.** | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | *Illness/health*  *problem?* | | | *Number of times* | | | | *Has your child been admitted to hospital?* | | | | | | | |
| 1. No 2. Yes | | | Number 0-99 | | | | 1. No 2. Yes | | | | | | | |
| 1.Common cold | | | | | | | | GG128 | | | GG129 | | | | GG130 | | | | | | | |
| 2. Throat infection with a confirmed streptococci | | | | | | | | GG131 | | | GG132 | | | | GG133 | | | | | | | |
| 3. Other type of throat infection | | | | | | | | GG134 | | | GG135 | | | | GG136 | | | | | | | |
| 4. Ear infection | | | | | | | | GG137 | | | GG138 | | | | GG139 | | | | | | | |
| 5. Pseudo croup | | | | | | | | GG140 | | | GG141 | | | | GG142 | | | | | | | |
| 6. Bronchitis | | | | | | | | GG143 | | | GG144 | | | | GG145 | | | | | | | |
| 7. Pneumonia | | | | | | | | GG146 | | | GG147 | | | | GG148 | | | | | | | |
| 8. Gastric flu/diarrhea | | | | | | | | GG149 | | | GG150 | | | | GG151 | | | | | | | |
| 9. Urinary tract infection | | | | | | | | GG152 | | | GG153 | | | | GG154 | | | | | | | |
| 10. Encephalitis/meningitis | | | | | | | | GG155 | | | GG156 | | | | GG157 | | | | | | | |
| 11. Febrile convulsions | | | | | | | | GG158 | | | GG159 | | | | GG160 | | | | | | | |
| 12. Other convulsions (without any fever) | | | | | | | | GG161 | | | GG162 | | | | GG163 | | | | | | | |
| 13. Injury or accident | | | | | | | | GG164 | | | GG165 | | | | GG166 | | | | | | | |
| 14. Other | | | | | | | | GG167 | | | GG168 | | | | GG169 | | | | | | | |
| Other, specify | | | | | | | | GG587 (txt.) | | | | | | | | | | | | | | |
| **10** | **If your child has been examined in or admitted to hospital, give the name of the hospital:** | | | | | | | | | | | | | | | | | | | | | | |
|  | Hospital name 1: | | | | | | | |  | | | | | | | GG170(txt.) | | | | | | | |
| Hospital name 2: | | | | | | | | GG171(txt.) | | | | | | | |
| Hospital name 3: | | | | | | | | GG172(txt.) | | | | | | | |
| **11** | **Has your child been referred to the following services since the age of 18 months?** | | | | | | | | | | | | | | | | | | | | | | |
|  | Habilitation service | | | | | | | | 1. No 2. Yes | | | | | | | GG173 | | | | | | | |
| Educational psychology service | | | | | | | | GG174 | | | | | | | |
| Child psychiatric clinic/department | | | | | | | | GG175 | | | | | | | |
| **Q** |  | | **Response options / Variable name** | | | | | | | | | | | | | | | | | | | |
| **12** | **Has your child taken any medication during the last 12 months?** | | | | | | | | | | | | | | | | | | | | | |
|  |  | | 1. No 2. Yes | | | | | | | | | | | GG352 | | | | | | | | |
| **13** | **If yes, give the name of the medication and what age your child was when he took it.** | | | | | | | | | | | | | | | | | | | | | |
|  |  | | *Name of medicine* | *Duration of use(in version A)* | | | | | | | | | | *Duration of use (versions B, C, D)* | | | | *Still being taken now?* | | | | |
| 0-2  weeks | | 3-4  weeks | | 1-2 mth | | 3-6 mth | | 7-12 mth | | 1. 0-2 weeks 2. 3-4 weeks 3. 1-2 mth 4. 3-6 mth 5) 7-12 mth | | | | 1. No 2. Yes | | | | |
| Medicine 1. | | GG177 GG550\_K | GG178 | | GG179 | | GG180 | | GG181 | | GG182 | | GG630 | | | | GG183 | | | | |
| Medicine 2. | | GG184 GG551\_K | GG185 | | GG186 | | GG187 | | GG188 | | GG189 | | GG631 | | | | GG190 | | | | |
| Medicine 3. | | GG191 GG552\_K | GG192 | | GG193 | | GG194 | | GG195 | | GG196 | | GG632 | | | | GG197 | | | | |
| Medicine 4. | | GG198 GG553\_K | GG199 | | GG200 | | GG201 | | GG202 | | GG203 | | GG633 | | | | GG204 | | | | |
| **Q** |  | | | | **Response options** | | | | | | **Variable name** | | | | | | | | |
| **14** | **Has your child been given any vaccinations since you completed the previous questionnaire (at around 18 months or 6 months)?** | | | | | | | | | | | | | | | | | | |
|  |  | | | | 1. No 2. Yes | | | | | | GG205 | | | | | | | | |
| **15** | **If yes, specify which vaccinations and when your child received them.** | | | | | | | | | | | | | | | | | | |
|  |  | | | |  | | | | | | Type of vaccination | | | | Date given | | | | |
| Day | Month | | | Year |
| Vaccination 1 | | | | GG206 | | | | Q6\_VAC1\_AGE | | | | |
| Vaccination 2 | | | | GG210 | | | | Q6\_VAC2\_AGE | | | | |
| Vaccination 3 | | | | GG588 | | | | Q6\_VAC3\_AGE | | | | |
| **Q** | | |  | | | | | **Response options** | | | | | | | | | **Variable name** | | | | |
| **16** | | | **Is your child taking at the moment any cod liver oil, vitamins or other dietary supplements?** | | | | | | | | | | | | | | | | | | |
|  | | | 1. Cod liver oil | | | | | 1-Yes, daily 2-Sometimes 3-No | | | | | | | | | GG214 | | | | |
| 2. Fluoride tablets | | | | | GG215 | | | | |
| 3. Vitamin preparations | | | | | GG216 | | | | |
| Vitamin preparations, specify | | | | | GG217 (txt.) | | | | |
| 4. Iron supplement | | | | | GG218 | | | | |
| Iron supplement, specify | | | | | GG219 (txt.) | | | | |
| 5. Other dietary supplements | | | | | GG220 | | | | |
| Other dietary supplements, specify | | | | | GG221(txt.) | | | | |
| **Q** | |  | | | | | | | | | | | **Response**  **options** | | | | **Variable**  **name** | | | | |
| **17** | | **Can your child walk unaided?** | | | | | | | | | | | | | | | | | | | |
|  | | 1. Without holding onto anything for support, does your child kick a ball by swinging his/her leg forward? | | | | | | | | | | | 1. Yes 2. Sometimes 3-Not yet | | | | GG222 | | | | |
| 2. Can your child catch a large ball with both hands? | | | | | | | | | | | GG223 | | | | |
| 3. When drawing, does your child hold a pencil, crayon, or pen between his/her fingers and thumb like an adult does? | | | | | | | | | | | GG224 | | | | |
| 4. Can your child undo one or more buttons? | | | | | | | | | | | GG225 | | | | |
| **21** | | **Understanding what others say and being able to communicate** | | | | | | | | | | | | | | | | | | | |
|  | | 1. Without showing him/her first, does your child point to the correct picture when you say, “Where is the cat” or “Where is the dog”? Your child must only point at the correct picture | | | | | | | | | | | 1-Yes, often 2-Sometimes 3-Not yet | | | | GG237 | | | | |
| 2. When you ask your child to point to his/her eyes, nose, hair, feet, ears, and so forth, does he/she correctly point to at least seven body parts? (The child can point to parts of himself/herself, you, or a doll.) | | | | | | | | | | | GG238 | | | | |
| 3. Does your child make sentences that are three or four words long? | | | | | | | | | | | GG239 | | | | |
| 4. Without giving him/her help by pointing or using gestures, ask your child to “Put the shoe on the table” and “Put the book under the chair”. Does your child carry out both  of these directions correctly? | | | | | | | | | | | GG240 | | | | |
| 5. When looking at a picture book, does your child tell you what is happening or what action is taking place in the picture? (For example, “Barking”, “Running”, “Eating” and  “Crying”?) You may ask, “What is the dog (or boy) doing?” | | | | | | | | | | | GG241 | | | | |
| 6. Can your child tell you at least two things about an object he/she is familiar with? If  you say, for example, “Tell me about your ball”, will your child answer by saying something like “It is round, I can throw it, it is big”? | | | | | | | | | | | GG242 | | | | |

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| **Q** | | *Complexity of the*  *child’s utterances*  *at 3yr* | | **Response options** | | | | | **Variable name** | | | | |
| **18** | | **About your child’s language skills.** *(Enter a cross for the option that best describes the way your child talks.)* | | | | | | | | | | | |
|  | |  | | 1. Not yet talking 2. He/she is talking, but you can’t understand him/her 3. Talking in one-word utterances, such as “milk” or “down” 4. Talking in 2- to 3-word phrases, such as “me got ball” or “give doll” 5. Talking in fairly complete sentences, such as “I got a doll” or “can I   go outside?”   1. Talking in long and complicated sentences, such as “when I went to   the park, I went on the swings” or “I saw a man standing on the corner” | | | | | GG226 | | | | |
| **Q** |  | | | | | **Response**  **options** | | | | | **Variable**  **name** | | |
| **19** | **More about your child’s development.** | | | | | | | | | | | | |
|  | 1. When you enthusiastically say: “Where is the ball (or other toy)?”, will your child  point towards the toy, even if it is more than 1 metre away? | | | | | 1-Yes, usually 2-Rarely  3- Not yet | | | | | GG227 | | |
| 2. When you look at a distant object and surprised and excited, say: “WOW...what’s that?”, does he/she turn his/her head in the same direction as you? | | | | | GG228 | | |
| 3. Does your child use sounds or words together with gestures (for example, uses sounds when pointing or reaching towards toys or objects)? | | | | | GG229 | | |
| 4. Does your child show you toys by looking at you and holding the toy up towards you (from a distance just so you can look at it)? | | | | | GG230 | | |
| **Q** | |  | | | **Response options** | | | | | **Variable name** | | | |
| **20** | | **About your child’s social skills.** | | | | | | | | | | | |
|  | | 1. Your child shares readily with other children, for example treats, toys, pencils | | | 1. Disagree 2. Partially agree 3. Totally agree | | | | | GG231 | | | |
| 2. Your child is helpful if someone is hurt, upset or feeling ill | | | GG232 | | | |
| 3. Your child is considerate of other people’s feelings | | | GG233 | | | |
| 4. Your child is kind to younger children | | | GG234 | | | |
| 5. Your child often volunteers to help others (parents, teachers, other children) | | | GG235 | | | |
|  | | \*6. Your child pays careful attention when you try to teach him/her something new | | | GG236 | | | |
| **Q** |  | | | | | | | **Response**  **options** | | | | | **Variable**  **name** | | | |
| **22** | **About body language and other ways of communicating with others.** *We are asking you about how your child*  *usually is. If something happens seldom (for instance, if you have only seen it once or twice), enter a cross under “No”.* | | | | | | | | | | | | | | | |
|  | 1. Does your child respond to his/her name one of the first two times you call? | | | | | | | 1. Yes 2. No | | | | | GG243 | | | |
| 2. Does your child ever bring objects over to you to show you something? | | | | | | | GG244 | | | |
| 3. Does your child imitate you (e.g., you make a face - will your child imitate it?)? | | | | | | | GG245 | | | |
| 4. Does your child ever use his/her index finger to point, to indicate interest in something? | | | | | | | GG246 | | | |
| 5. Does your child take an interest in other children? | | | | | | | GG247 | | | |
| 6. If you point at a toy across the room, does your child look at it? | | | | | | | GG248 | | | |
| 9. Does your child ever seem oversensitive to noise (e.g. plugging ears)? | | | | | | | GG251 | | | |
| **Q** |  | | | | | | | **Response**  **options** | | | | | **Variable**  **name** | | | |
| **22** | **About body language and other ways of communicating with others.** *We are asking you about how your child*  *usually is. If something happens seldom (for instance, if you have only seen it once or twice), enter a cross under “No”.* | | | | | | | | | | | | | | | |
|  | 7. Is it easy to make eye-contact with your child? | | | | | | | 1. Yes 2. No | | | | | GG249 | | | |
| 8. Does your child react when spoken to, for instance, by looking, listening, smiling, speaking or babbling? | | | | | | | GG250 | | | |
| **22** | | | **About body language and other ways of communicating with others.** *We are asking you about how your child usually is. If something happens seldom (for instance, if you have only seen it once or twice),*  *enter a cross under “No”.* | | | | | | | | | | | | |
| (In version B, C & D) | | | 10a. Does your child only choose a very small number of particular toys or objects, even if you try to make him/her interested in more things? | | | | | 1. Yes 2. No | | | | | GG592 | | |
| (in version A) | | | 10b. When your child has been alone for a while, does he/she try to catch your attention by e.g. calling your name? | | | | | GG252 | | |
| All versions | | | 11. Does your child wave to people to greet or say goodbye to them? | | | | | GG253 | | |
| All versions | | | 12. Can your child hurt himself/herself a lot without seeming to be bothered (has a high pain threshold)? | | | | | GG254 | | |
| **Q** |  | | | | | | **Response**  **options** | | | | | **Variable**  **name** | | |
| **23** | **Your child’s use of language with others** *(Mark one box per question, whether you think it applies for your child*  *or not)* | | | | | | | | | | | | | |
|  | 1. Is he/she now able to talk using short phrases or sentences? | | | | | | 1. Yes 2. No | | | | | GG255 | | |
| 2. Do you have a to and fro "conversation" with her/him that involves taking turns or building on what you have said? | | | | | | GG257 | | |
| 3. Does she/he ever use odd phrases or say the same thing over and over in almost exactly the same way (either phrases that she/he hears other people use or ones that she/he makes up)? | | | | | | GG258 | | |
| 4. Does your child ever use socially inappropriate questions or statements? For example, does your child ever regularly ask personal questions or make personal comments at awkward times? | | | | | | GG259 | | |
| 5. Does your child ever get his/her pronouns mixed up (e.g., saying *you* or *he/she* for *I*)? | | | | | | GG260 | | |
| 6. Does your child ever use words that he/she seems to have invented or made up  her/himself; put things in odd, indirect ways; or use metaphorical ways of saying things (e.g., saying *hot rain* for *steam*)? | | | | | | GG261 | | |
| 7. Does your child ever say the same thing over and over in exactly the same way or insist that you say the same thing over and over again? | | | | | | GG262 | | |
| **24** | **About behaviour and specific things that children can think of doing *(****Mark one box*  *per question, whether you think it applies for your child or not)* | | | | | | **Response**  **options** | | | | | **Variable**  **name** | | |
|  | 8. Does your child ever have things that he/she seems to have to do in a very particular way or order or rituals that the child insists that you go through? | | | | | | 1. Yes 2. No | | | | | GG263 | | |
| 9. Does your child’s facial expression usually seem appropriate to the particular situation, as far as you can tell? | | | | | | GG264 | | |
| 10. Does your child ever use your hand like a tool or as if it were part of his/her own body  (e.g., pointing with your finger or putting your hand on a doorknob to get you to open the door)? | | | | | | GG265 | | |
| 11. Does your child ever have any interests that preoccupy him/her and might seem odd to other people (e.g., traffic lights, drainpipes, or timetables)? | | | | | | GG266 | | |
| 12. Does your child ever seem to be more interested in parts of a toy or an object (e.g., spinning the wheels of a car), rather than in using the object as it was intended? | | | | | | GG267 | | |
| 13. Does your child ever have any special interests that are unusual in their intensity, but otherwise appropriate for his/her age and peer group (e.g., trains or dinosaurs)? | | | | | | GG268 | | |
| 14. Does your child ever seem to be *unusually* interested in the sight, feel, sound, taste,  or smell of things or people? | | | | | | GG269 | | |
| 15. Does your child ever have any mannerisms or odd ways of moving his/her hands or fingers, such as flapping or moving his/her fingers in front of his/her eyes? | | | | | | GG270 | | |
| 16. Does your child ever have any complicated movements of his/her whole body, such as spinning or repeatedly bouncing up and down? | | | | | | GG271 | | |
| 17. Does your child ever injure himself/herself deliberately, such as by biting his/her arm or banging his/her head? | | | | | | GG272 | | |
| 18. Does your child ever have any objects (other than a soft toy or comfort blanket) that he/she has to carry around? | | | | | | GG273 | | |
| **25** | **About social development and interest in others** *(Mark one box per question,*  *whether you think it applies for your child or not)* | | | | | | **Response**  **options** | | | | | Variable name | | |
|  | 19. Does your child have any particular friends or a best friend? | | | | | | 1. Yes 2. No | | | | | GG274 | | |
| 20. Does your child ever talk with you just to be friendly (rather than to get something)? | | | | | | GG256 | | |
| 21. Does your child ever spontaneously copy you (or other people) or what you are doing (such as vacuuming, gardening, or mending things)? | | | | | | GG275 | | |
| 22. Does your child ever spontaneously point at things around him/her just to show you things (not because he/she wants them)? | | | | | | GG276 | | |
| 23. Does your child ever use gestures, other than pointing or pulling your hand, to let you know what he/she wants? | | | | | | GG277 | | |
| 24. Does your child nod his/her head to indicate *yes*? | | | | | | GG278 | | |
| 25. Does your child shake his/her head to indicate *no*? | | | | | | GG279 | | |
| 26. Does your child usually look at you directly in the face when doing things with you or talking with you? | | | | | | GG280 | | |
| 27. Does your child smile back if someone smiles at him/her? | | | | | | GG281 | | |
| 28. Does your child ever show you things that interest him/her to engage your attention? | | | | | | GG282 | | |
| 29. Does your child ever offer to share things other than food with you? | | | | | | GG283 | | |
| 30. Does your child ever seem to want you to join in his/her enjoyment of something? | | | | | | GG284 | | |
| 31. Does your child ever try to comfort you when you are sad or hurt? | | | | | | GG285 | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | 32. If your child wants something or wants help, does he/she look at you and use  gestures with sounds or words to get your attention? | | | | | | | | | | | | |  | | | | | GG286 | | | |
|  | | 33. Does your child show a normal range of facial expressions? | | | | | | | | | | | | | GG287 | | | |
| 34. Does your child ever spontaneously join in and try to copy the actions in social  games, such as *The Mulberry Bush* or *London Bridge Is Falling Down*? | | | | | | | | | | | | | GG288 | | | |
| 35. Does your child play any pretend or make-believe games? | | | | | | | | | | | | | GG289 | | | |
| 36. Does your child seem interested in other children of approximately the same age  whom he/she does not know? | | | | | | | | | | | | | GG290 | | | |
| 37. Does your child respond positively when another child approaches him/her? | | | | | | | | | | | | | GG291 | | | |
| 38. If you come into a room and start talking to your child without calling his/her name,  does he/she usually look up and pay attention to you? | | | | | | | | | | | | | GG292 | | | |
| 39. Does your child ever play imaginative games with another child in such a way that  you can tell that each child understands what the other is pretending? | | | | | | | | | | | | | GG293 | | | |
| 40. Does your child play cooperatively in games that need some form of joining in with a  group of other children, such as hide-and-seek or ball games? | | | | | | | | | | | | | GG294 | | | |
| **Q** | | |  | | | | | | | | | | | | | | **Response**  **options** | | | | **Variable**  **name** | | | |
| **26** | | | **Loss of skills.** *(Is there something your child used to be able to do, but has lost the ability to do?)* | | | | | | | | | | | | | | | | | | | | | |
|  | | | 1. Has your child lost any language skills (for example, used single words or sentences for a time and then stopped using the words)? | | | | | | | | | | | | | | 1. No 2. Yes 3. Not sure | | | | GG295 | | | |
| 2. Has your child lost any social skills (for example, could wave or say “Hi” to greet  someone, then lost this skill)? | | | | | | | | | | | | | | GG296 | | | |
| 3. Has your child turned out to be less sociable (for example, he/she is more difficult to have eye contact with, is less interested in other persons now)? | | | | | | | | | | | | | | GG297 | | | |
| 4. Has your child lost any motor skills (for example, could run and jump while remaining steady, but falls over much more now)? | | | | | | | | | | | | | | GG298 | | | |
| **Q** | |  | | | | | | | | | **Response options** | | | | | | | **Variable**  **name** | | | | | |
| **27** | | **To what extent do the following statements apply to your child's behaviour during the last two month?** | | | | | | | | | | | | | | | | | | | | | |
|  | | 1. Your child cries easily | | | | | | | | | 1-Very typical 2- Quite typical  3- Neither/nor 4-Not so typical  5-Not at all typical | | | | | | | GG299 | | | | | |
| 2. Your child is always on the go | | | | | | | | | GG300 | | | | | |
| 3. Your child prefers playing with others rather than alone | | | | | | | | | GG301 | | | | | |
| 4. Your child is off and running as soon as he/she wakes up in the morning | | | | | | | | | GG302 | | | | | |
| 5. Your child is very sociable | | | | | | | | | GG303 | | | | | |
| 6. Your child takes a long time to warm up to strangers | | | | | | | | | GG304 | | | | | |
| 7. Your child gets upset or sad easily | | | | | | | | | GG305 | | | | | |
| 8. Your child prefers quiet, inactive games to more active ones | | | | | | | | | GG306 | | | | | |
| 9. Your child likes to be with people | | | | | | | | | GG307 | | | | | |
| 10. Your child reacts intensely when upset | | | | | | | | | GG308 | | | | | |
| 11. Your child is very friendly with strangers | | | | | | | | | GG309 | | | | | |
| 12. Your child find other people more fun than anything else | | | | | | | | | GG310 | | | | | |
| 13. Your child complains that certain garments are too tight | | | | | | | | | GG311 | | | | | |
| 14. Your child is distressed by having his/her face or hair washed | | | | | | | | | GG312 | | | | | |
| **Q** | |  | | | | | | | | | **Response options** | | | | | | | **Variable**  **name** | | | | | |
| **28** | | **The following list contains statements describing children's behavior and manner from the age of 2-3. Some of these features are temporary while others continue for a longer period of time. To what extent are**  **the following statements true of your child's behavior during the last two months?** | | | | | | | | | | | | | | | | | | | | | |
|  | | 1. Afraid to try new things | | | | | | | | | 1. Not true 2. Somewhat or sometimes true 3. Very true or often true | | | | | | | GG313 | | | | | |
| 2. Can’t concentrate, can’t pay attention for long | | | | | | | | | GG314 | | | | | |
| 3. Can’t sit still, restless or overactive | | | | | | | | | GG315 | | | | | |
| 4. Can’t stand waiting, wants everything now | | | | | | | | | GG316 | | | | | |
| 5. Clings to adults or too dependent | | | | | | | | | GG317 | | | | | |
| 6. Constipated, doesn’t move bowels | | | | | | | | | GG318 | | | | | |
| 7. Defiant | | | | | | | | | GG319 | | | | | |
| 8. Demands must be met immediately | | | | | | | | | GG320 | | | | | |
| 9. Disturbed by any change in routine | | | | | | | | | GG321 | | | | | |
| 10. Doesn’t want to sleep alone | | | | | | | | | GG322 | | | | | |
| 11. Doesn’t eat well | | | | | | | | | GG323 | | | | | |
| 12. Doesn’t seem to feel guilty after misbehaving | | | | | | | | | GG324 | | | | | |
| 13. Eats or drinks things that are not food (don’t include sweets) | | | | | | | | | GG325 | | | | | |
| 14. Gets in many fights | | | | | | | | | GG326 | | | | | |
| 15. Gets into everything | | | | | | | | | GG327 | | | | | |
| 16. Gets too upset when separated from parents | | | | | | | | | GG328 | | | | | |
| 17. Hits others | | | | | | | | | GG329 | | | | | |
| 18. Poorly coordinated or clumsy | | | | | | | | | GG330 | | | | | |
| 19. Punishment doesn’t change his/her behavior | | | | | | | | | GG331 | | | | | |
| 20. Quickly shifts from one activity to another | | | | | | | | | GG332 | | | | | |
| 21. Resists going to bed at night | | | | | | | | | GG333 | | | | | |
| 22. Stomach aches or cramps (without medical cause) | | | | | | | | | GG334 | | | | | |
| 23. Sudden changes in moods or feelings | | | | | | | | | GG335 | | | | | |
| 24. Too fearful or anxious | | | | | | | | | GG336 | | | | | |
| 25. Vomiting, throwing up (without medical cause) | | | | | | | | | GG337 | | | | | |
| 26. Doesn’t seem to be happy eating food (don’t include sweets) | | | | | | | | | GG338 | | | | | |
| **Q** | |  | | | | | | | | | | | **Response options** | | | | | | | **Variable**  **name** | | | |
| **29** | | **Some more statements follow about your child's behavior and manner. We are again asking to what extent**  **you feel the statements are true of your child during the last two months?** | | | | | | | | | | | | | | | | | | | | | |
|  | | 1. Becomes distracted or diverted by outside stimuli (sounds or events) | | | | | | | | | | | 1. Not true 2. Somewhat or sometimes true 3. Very true or often true | | | | | | | GG339 | | | |
| 2. Finds it difficult waiting his/her turn | | | | | | | | | | | GG340 | | | |
| 3. Has problems keeping focused on tasks or activities | | | | | | | | | | | GG341 | | | |
| 4. Is excessively talkative | | | | | | | | | | | GG342 | | | |
| 5. Doesn’t differentiate between adults; behaves the same way with all of them | | | | | | | | | | | GG343 | | | |
| 6. Will wander after other adults, even if they are strangers | | | | | | | | | | | GG344 | | | |
| 7. Doesn’t seem to listen when he/she is being spoken to | | | | | | | | | | | GG345 | | | |
| 8. Has a habit of rolling his/her head around or making humming sounds | | | | | | | | | | | GG346 | | | |
| 9. Mood can vary greatly from day to day | | | | | | | | | | | GG347 | | | |
| 10. Is extremely passive, needs help to get going | | | | | | | | | | | GG348 | | | |
| **Q** | |  | | | | | | | **Response options** | | | | | | | | | | | **Variable**  **name** | | | |
| **29** | | **Some more statements follow about your child's behavior and manner. We are again asking to what extent**  **you feel the statements are true of your child during the last two months?** | | | | | | | | | | | | | | | | | | | | | |
|  | | 11. “Tests” other children to see whether they get angry | | | | | | | 1. Not true 2. Somewhat or sometimes true 3-Very true or often true | | | | | | | | | | | GG349 | | | |
| 12. Becomes aggressive when he/she is frustrated | | | | | | | GG350 | | | |
| 13. His/her body is affected by twitches or contortions that seem difficult to control (e.g. eyes, mouth, nose or legs) | | | | | | | GG351 | | | |
| 14. Hits, shoves, kicks and bites other children (not including siblings) | | | | | | | GG352 | | | |
| 15. Is very anxious about getting dirty | | | | | | | GG353 | | | |
| 16. Wants things to be clean and tidy | | | | | | | GG354 | | | |
| 17. Places toys or other objects in a certain order/sequence over and over again | | | | | | | GG355 | | | |
| 18. Wakes up in the night and needs help to get back to sleep | | | | | | | GG356 | | | |
| 19. Gets distressed when you go out and he/she is going to be looked after by family or a babysitter he/she knows | | | | | | | GG357 | | | |
| 20. Does things he/she is not allowed to do to attract attention from adults | | | | | | | GG358 | | | |
| 21. Seems to have less fun than other children | | | | | | | GG359 | | | |
| 22. Is extremely noisy. Shouts and screams a lot | | | | | | | GG360 | | | |
| 23. Is disobedient or defiant (e.g. refuses to do anything you ask) | | | | | | | GG361 | | | |
| 24. Comes over to you when something happens that makes him/her afraid or anxious | | | | | | | GG362 | | | |
| 25. Runs off when you are outside | | | | | | | GG363 | | | |
| 26. Seems to have less energy | | | | | | | GG364 | | | |
| 27. Is very fussy when it comes to food | | | | | | | GG365 | | | |
| 28. Seems to be unhappy, sad or depressed | | | | | | | GG366 | | | |
| 29. Wakes up several times in the night | | | | | | | GG367 | | | |
| **20** | | **About your child's social skills** | | | | | | | | | | | | | | | | | | | | | |
|  | | 6. Your child pays careful attention when you try to teach him/her something new | | | | | | | 1-Not true, 2-Somewhat true, 3- Very true | | | | | | | | | | | GG236 | | | |
| **Q** | |  | | | | | | | | | | **Response options** | | | | | | | | **Variable**  **name** | | | |
| **30** | | **About your child's eating habits and appetite and your attitude to them** | | | | | | | | | | | | | | | | | | | | | |
|  | | 1. I have to be sure that my child does not eat too many sweet things (sweets, | | | | | | | | | |  | | | | | | | | GG368 | | | |
| ice cream, cakes or pastries) | | | | | | | | | |  | | | | | | | |  | | | |
| 2. I have to be sure that my child does not eat too many high-fat foods | | | | | | | | | | 1-Totally disagree | | | | | | | | GG369 | | | |
| 3. I have to be sure that my child does not eat too much of his/her favorite food | | | | | | | | | | GG370 | | | |
| 4. I intentionally keep some foods out of my child’s reach | | | | | | | | | | 2-Slightly disagree | | | | | | | | GG371 | | | |
| 5. I offer sweet things (sweets, ice cream, cakes, pastries) to my child as a | | | | | | | | | |  | | | |
| reward for good behavior | | | | | | | | | | 3-Neither/nor | | | | | | | | GG372 | | | |
| 6. I offer my child his/her favorite foods in exchange for good behavior | | | | | | | | | | GG373 | | | |
| 7. If I did not guide or regulate my child’s eating he/she would eat too many junk  foods | | | | | | | | | | 4-Slightly agree | | | | | | | | GG374 | | | |
| 8. If I did not guide or regulate my child’s eating he/she would eat too much of his/her favorite foods | | | | | | | | | | 5-Totally agree | | | | | | | | GG375 | | | |
| 9. My child should always eat all of the food on his/her plate | | | | | | | | | |  | | | | | | | | GG376 | | | |
| 10. I have to be especially careful to make sure that my child eats enough | | | | | | | | | |  | | | | | | | | GG377 | | | |
| 11. If my child says: “I’m not hungry”, I try to get him/her to eat anyway | | | | | | | | | |  | | | | | | | | GG378 | | | |
| 12. If I did not guide or regulate my child’s eating, he/she would eat much less | | | | | | | | | |  | | | | | | | |  | | | |
| than he/she should | | | | | | | | | |  | | | | | | | | GG379 | | | |
| **Q** | |  | | | | | | | | | | | | **Response**  **options** | | | | | **Variable**  **name** | | | | |
| **31** | | **About your concerns** | | | | | | | | | | | | | | | | | | | | | |
|  | | 1. Are you concerned because your child is demanding and difficult to cope with? | | | | | | | | | | | | 1. No 2. Yes | | | | | GG380 | | | | |
| 2. Have you every wondered if your child’s hearing is impaired? | | | | | | | | | | | | GG381 | | | | |
| 3. Have others (family, nursery, health visitor) expressed concerns about your  child’s development? | | | | | | | | | | | | GG382 | | | | |
| 4. Are you concerned because your child is hardly interested at all in playing with other children? | | | | | | | | | | | | GG594 | | | | |
| 5. Do you have any other concerns about your child’s health? | | | | | | | | | | | | GG595 | | | | |
| **Q** | |  | | | | | **Response options** | | | | | | | | **Variable name** | | | | | | |
| **32** | | **Do you live with your child’s father?** | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | 1. No 2. Yes | | | | | | | | GG383 | | | | | | |
| **33** | | **If your child does not live with his/her father, how much time does your child spend with him?** | | | | | | | | | | | | | | | | | | | |
|  | | Mother | | | | | 1-More than half the time 2-Roughly half the time 3-At least once a week   1. At least once a month 2. Less often than once a month 6-Never | | | | | | | | GG384 | | | | | | |
| Father | | | | | GG385 | | | | | | |
| **Q** | |  | | | | **Response options** | | | | **Variable name** | | | | |
| **34** | | **How often does your child have his/her teeth brushed?** | | | | | | | | | | | | |
|  | |  | | | | 1-Twice a day or more 2-Once a day  3-Sometimes 4-Never | | | | GG386 | | | | |
| **35** | | **Do you use fluoride toothpaste?** | | | | | | | | | | | | |
|  | |  | | | | 1. No 2. Sometimes 3-Yes, usually | | | | GG387 | | | | |
| **Q** | | |  | | | | **Response options** | | | | | | | | **Variable name** | | | | | | |
| **36** | | | **Is your child ever present in a room where someone smokes?** | | | | | | | | | | | | | | | | | | |
|  | | |  | | | | 1. Yes, every day 2. Yes, several times a week 3-Yes, sometimes 3. Don’t know 4. No | | | | | | | | GG388 | | | | | | |
| If yes, how many hours a day? | | | | Number 0-99 | | | | | | | | GG389 | | | | | | |
| **Q** | | |  | **Response options** | | | | | | | | | | | **Variable name** | | | | | | |
| **37** | | | **How often is your child outside at present?** | | | | | | | | | | | | | | | | | | |
|  | | |  | 1. Seldom 2. Frequently, but less than 1 hour a day on average 3)1-3 hours a day on average   4) More than 3 hours a day | | | | | | | | | | | GG390 | | | | | | |
| **Q** | | |  | **Response options** | | | | | | | | | | | **Variable name** | | | | | |
| **38** | | | **How many hours on average does your child sit in front of a TV/video every day?** | | | | | | | | | | | | | | | | | |
|  | | |  | 1. 4 hours or more 2. 3 hours 3. 1-2 hours 4. Less than 1 hour 5. Seldom/never | | | | | | | | | | | GG391 | | | | | |

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| **Q** | |  | | **Response options** | | | | **Variable name** | | |
| **39** | | **How is your child cared for during the day at the moment?** | | | | | | | | |
|  | | At home with his/her mother | |  | | | | GG392 | | |
| At home with his/her father | | GG393 | | |
| At home with an unqualified child minder | | GG394 | | |
| At a child minder’s/family crèche | | GG395 | | |
| In an outdoor nursery | | GG396 | | |
| In a nursery | | GG397 | | |
| **40** | | **How many hours a week is your child looked after during the day by someone other than his/her mother or father?** | | | | | | | | |
|  | |  | | Number 0-99 | | | | GG597 | | |
| **Q** | |  | | | | | **Response options** | | | **Variable name** | | | |
| **41** | | **How often does your child drink or eat the following at present?** *(Select the frequency which is most applicable*  *on average.)* | | | | | | | | | | | |
|  | | 1. Whole milk, sweet/sour | | | | |  | | | GG398 | | | |
| 2. Low-fat, extra low-fat, skimmed milk, sweet/sour | | | | | GG399 | | | |
| 3. Yogurt, natural | | | | | GG598 | | | |
| 4. Yogurt / yogurt drink with fruit | | | | | GG400 | | | |
| 5. Yogurt with active Lactobacillus, all types | | | | | GG401 | | | |
| 6. Juice | | | | | GG402 | | | |
| 7. Cordial / nectar / squash / fizzy drinks, sweetened | | | | | GG403 | | | |
| 8. Cordial / squash / fizzy drinks, with artificial sweeteners | | | | | GG404 | | | |
| 9. Meat filling (liver paste, ham, etc.) | | | | | GG405 | | | |
| 10. Fish filling (mackerel, caviar, etc.) | | | | | GG406 | | | |
| 11. Brown cheese, brown cheese spread | | | | | GG407 | | | |
| 12. Other types of cheese | | | | | GG408 | | | |
| 13. Jam, honey, chocolate spread, other sweet spread | | | | | GG409 | | | |
| 14. Eggs, boiled, fried, scrambled | | | | | GG410 | | | |
| 15. Other filling | | | | | GG411 | | | |
| Other filling, specify | | | | | GG412 (txt.) | | | |
| 16. Fruit | | | | | GG413 | | | |
| 17. Raisins | | | | | GG414 | | | |
| 18. Ice cream | | | | | GG415 | | | |
| 19. Ice lolly /popsicle | | | | | GG416 | | | |
| 20. Biscuits | | | | | GG417 | | | |
| 21. Buns, cakes, waffles | | | | | GG418 | | | |
| 22. Chocolate | | | | | GG419 | | | |
| 23. Sweets, jelly babies, etc. | | | | | GG420 | | | |
| 24. Crisps, potato snacks | | | | | GG421 | | | |
| **42** | | **How many slices of bread/crisp bread does your child eat every day?** | | | | | | | | | | | |
|  | |  | | | | | Number 0-99 | | | GG422 | | | |
| How many of these include fibre-rich bread/crisp bread (e.g. rye bread, Fedons bread)? | | | | | Number 0-99 | | | GG599 | | | |
| **43** | | **How often does your child eat the following at present?** *(Select the frequency which is most applicable on*  *average.)* | | | | | | | | | | | |
|  | | 1. Meat, meatballs, sausages, etc. | | | | |  | | | GG423 | | | |
| 2. Oily fish (salmon, herring, etc.) | | | | | GG424 | | | |
| 3. White fish (cod, coley, etc.) | | | | | GG425 | | | |
| 4. Fish pudding, fish cakes, fish balls, etc. | | | | | GG426 | | | |
| 5. Soup | | | | | GG427 | | | |
| 6. Pancakes | | | | | GG428 | | | |
| 7. Potatoes | | | | | GG429 | | | |
| 8. Pasta, spaghetti, noodles | | | | | GG430 | | | |
| 9. Pizza | | | | | GG431 | | | |
| 10. Rice | | | | | GG432 | | | |
| 11. Cooked vegetables | | | | | GG433 | | | |
| 12. Raw vegetables, salad | | | | | GG434 | | | |
| **Q** | |  | | **Response options** | | | | | **Variable name** | | | |
| **44** | | **What is your civil status at the moment?** | | | | | | | | | | |
|  | |  | | 1. Married 2. Cohabiting 3-Single   4-Divorced/separated 5-Widowed  6-Other | | | | | GG435 | | | |
| **Q** | |  | | | | **Response options** | | **Variable name** | | |
| **45** | | **Are you in paid employment at the moment?** | | | | | | | | |
|  | |  | | | | 1. No 2. Yes | | GG436 | | |
| Usual number of hours per week | | | | Number 0-999 | | GG437 | | |
| **46** | | **What type of working pattern do you have?** | | | | | | | | |
|  | | Permanent day work | | | |  | | GG438 | | |
| Shift work/rota system | | | |  | | GG439 | | |
| Permanent afternoon/evening work | | | |  | | GG440 | | |
| Non-permanent (relief cover, relief on-call, supply, etc.) | | | |  | | GG441 | | |
| Permanent night work | | | |  | | GG442 | | |
| **47** | | **How many days altogether were you absent from work last year (excluding holidays and time off**  **in lieu)?** | | | | | | | | |
|  | | days | | | | Number 0-999 | | GG443 | | |
| **48** | | **What was the reason for this?** | | | | | | | | |
|  | | Leave | | | |  | | GG444 | | |
| Own illness | | | | GG445 | | |
| Own illness, specify | | | | GG448 (txt.) | | |
| Sick child | | | | GG446 | | |
| Other | | | | GG447 | | |
| **Q** | | |  | | | **Response options** | | | **Variable name** | | |
| **49** | | | **Do you often feel lonely?** | | | | | | | | |
|  | | |  | | | 1-Almost never 2-Infrequently 3-Sometimes 4-Usually  5-Almost always | | | GG449 | | |
| **50** | | | **Do you have anyone other than your husband/partner you can ask for advice in a difficult situation?** | | | | | | | | |
|  | | |  | | | 1. No 2. Yes, 1 or 2 people 3. Yes, more than 2 people | | | GG450 | | |
| **51** | | | **How often do you see or talk on the telephone with your family (other than your husband/partner**  **and children) or close friends?** | | | | | | | | |
|  | | |  | | | 1. Once a month or less 2. 2-8 times a month 3. More than twice a week | | | GG451 | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Q** |  | | | | **Response options/ Variable name** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **52** | **Have you ever experienced the following, since you became pregnant with this child, for a consecutive period of two weeks or more?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | *Version A* | | | *Versions B, C & D* | | | | | | | | | | | | | | | | | | |
| 1-yes 2-No | | | No | | | | Yes, during this pregnancy | | | | | | Yes, during first year after birth | | | | Yes, during the last 2  years | | | | |
| 1. Felt depressed, sad | | | |  | | | | GG452 | | | GG634 | | | | GG635 | | | | | | GG636 | | | | GG637 | | | | |
| 2. Had problems with appetite or eaten too much | | | | GG453 | | | GG638 | | | | GG639 | | | | | | GG640 | | | | GG641 | | | | |
| 3. Been bothered by lack of energy | | | | GG454 | | | GG642 | | | | GG643 | | | | | | GG644 | | | | GG645 | | | | |
| 4. Blamed yourself and felt worthless | | | | GG455 | | | GG646 | | | | GG647 | | | | | | GG648 | | | | GG649 | | | | |
| 5. Had problems with concentration or had problems making decisions | | | | GG456 | | | GG650 | | | | GG651 | | | | | | GG652 | | | | GG653 | | | | |
| 6. Had at least 3 of the problems named above simultaneously | | | | GG457 | | | GG654 | | | | GG655 | | | | | | GG656 | | | | GG657 | | | | |
| **Q** | | | | |  | | | | | **Response options** | | | | | | | | | | | **Variable name** | | | | | | | |
| **53** | | | | | **Are you pregnant now?** | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | |  | | | | | 1. No 2. Yes | | | | | | | | | | | GG448 | | | | | | | |
| **54** | | | | | **Have you had any long-term illness or health problems that have occurred during the last 3 years?** | | | | | | | | | | | | | | | | | | | | | | | |
| **Version A** | | | | | Physical problem | | | | | 1. No 2. Yes, before 3-Yes, now | | | | | | | | | | | GG459 | | | | | | | |
| Mental problem | | | | | 1. No 2. Yes, before 3-Yes, now | | | | | | | | | | | GG462 | | | | | | | |
| **Versions B, C & D** | | | | | Physical problem | | | | | No | | | | | | | | | | | GG658 | | | | | | | |
| Yes, before | | | | | | | | | | | GG659 | | | | | | | |
| Yes, now | | | | | | | | | | | GG660 | | | | | | | |
| Mental problem | | | | | No | | | | | | | | | | | GG661 | | | | | | | |
| Yes, before | | | | | | | | | | | GG662 | | | | | | | |
| Yes, now | | | | | | | | | | | GG663 | | | | | | | |
| **All versions** | | | | | Physical problem | | | | | Yes, before, describe | | | | | | | | | | | GG460 (txt.) | | | | | | | |
| Yes, now, describe | | | | | | | | | | | GG461 (txt.) | | | | | | | |
| Mental problem | | | | | Yes, before, describe | | | | | | | | | | | GG463 (txt.) | | | | | | | |
| Yes, now, describe | | | | | | | | | | | GG464 (txt.) | | | | | | | |
| **55** | | | | | **Have you yourself been examined at the hospital during the last 3 years?** | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | |  | | | | | 1. No 2. Yes | | | | | | | | | | | GG465 | | | | | | | |
| If yes, which hospital? | | | | | | | | | | | GG466 (txt.) | | | | | | | |
| **56** | | | | | **Do you have any of the following problems at the moment?** | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | *Problems* | | | | | *How often do you have problems?*   1. Never 2. 1-4 times a month 3. 1-6 times a week 4. Once a day 5. More than once a day | | | | | | | | | | | *How much at a time?*   1. Drops 2. Large amounts | | | | | | | |
| 1. Incontinence when coughing, sneezing or laughing | | | | | GG467 | | | | | | | | | | | GG468 | | | | | | | |
| 2. Incontinence during physical activity (running/jumping) | | | | | GG469 | | | | | | | | | | | GG470 | | | | | | | |
| 3. Incontinence with a strong need to urinate | | | | | GG471 | | | | | | | | | | | GG472 | | | | | | | |
| 4. Problems with retaining faeces | | | | | GG473 | | | | | | | | | | | **N/A** | | | | | | | |
| 5. Problems with flatulence | | | | | GG474 | | | | | | | | | | |
| **57** | | | | | **How physically active are you?** We are asking you here about the duration of activities where you get out  of breath or sweat. How often does this happen? Include activities both at home and at work. | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | Less than 30 minutes | | | | | 1. Never 2. Less than once a week 3. Once a week 4. Twice a week 5. 3-4 times a week 6. 5 times or more a week | | | | | | | | | | | GG475 | | | | | | | |
| Between 30 and 60 minutes | | | | | GG476 | | | | | | | |
| More than 60 minutes | | | | | GG477 | | | | | | | |
| **58** | | | | | **Overall, how would you describe your physical health?** | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | |  | | | | | 1-Very good 2-Good   1. Poor 2. Very poor | | | | | | | | | | | GG478 | | | | | | | |
| **Q** | |  | | | | | **Response options** | | | | | | | | | | | | | | **Variable name** | | | | | | | |
| **59** | | **Do you smoke at present** | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | 1. Don’t smoke 2. Smoke sometimes 3-Smoke every day | | | | | | | | | | | | | | GG479 | | | | | | | |
| Smoke sometimes- number of cigarettes per week: | | | | | Number 0-999 | | | | | | | | | | | | | | GG480 | | | | | | | |
| Smoke every day- number of cigarettes per day: | | | | | Number 0-999 | | | | | | | | | | | | | | GG481 | | | | | | | |
| **60** | | **Do you take** | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Chewing tobacco/snuff | | | | |  | | | | | | | | | | | | | | GG482 | | | | | | | |
| Nicotine chewing gum | | | | | GG483 | | | | | | | |
| Nicotine patches | | | | | GG484 | | | | | | | |
| Nicotine inhaler | | | | | GG485 | | | | | | | |
| **61** | | **How often do you consume alcohol at present?** | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | 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 month 6. Less than once a month 7. Never | | | | | | | | | | | | | | GG486 | | | | | | | |
| **62** | | **How many alcohol units do you usually drink when you consume alcohol?** | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | 1) 10 or more 2) 7–9  3) 5–6  4) 3–4  5) 1–2  6) Less than 1 | | | | | | | | | | | | | | GG487 | | | | | | | |
| **Q** | |  | | | | | | | | | **Response options** | | | | | | | | | | **Variable name** | | | | | | | |
| **63** | | **Have you experienced any of the following during the last 3 years:** | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Being hit, kicked or attacked physically in any other way? | | | | | | | | | 1. No 2. Yes | | | | | | | | | | GG489 | | | | | | | |
| Being pressured into having sexual intercourse? | | | | | | | | | GG490 | | | | | | | |
| **Q** | |  | | | | | | | | **Response options** | | | | | | | | | | | | | **Variable name** | | | | | | |
| **64** | | **Have you during the last 6 months or at any time previously:** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Thought yourself that you were too fat? | | | | | | | |  | | | | | | | | | | | | | GG491 | | | | | | |
| Been really afraid of putting on weight or becoming too fat? | | | | | | | | GG492 | | | | | | |
| Heard others say that you were too thin, while you yourself thought that you were too fat? | | | | | | | | GG493 | | | | | | |
| Thought that it was extremely important for your self-image to maintain a particular weight? | | | | | | | | GG494 | | | | | | |
| **65** | | **Have you at some time during the last 18 months or previously in your life - for a period lasting at least 3 months – experienced any of the following situations, and if so, how frequently was this?** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | You lost control while eating, and could not stop before you had eaten far too much? | | | | | | | | 1. At least twice a week 2. 1-4 times a month 3. Seldom/never | | | | | | | | | | | | | GG495 | | | | | | |
| Used vomiting to control your weight? | | | | | | | | GG496 | | | | | | |
| Used laxatives to control your weight? | | | | | | | | GG497 | | | | | | |
| Used fasting to control your weight? | | | | | | | | GG498 | | | | | | |
| Used hard physical exercise to control you weight? | | | | | | | | GG499 | | | | | | |
| **66** | | **Have you at some time during the last 18 months gone at least three months without a period in connection**  **with a time when you have been having eating problems?** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | 1. No 2. Yes | | | | | | | | | | | | | GG500 | | | | | | |
| **67** | | **What is your current weight? How tall are you?** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Weight: \_ \_ \_, \_kg | | | | | | | |  | | | | | | | | | | | | | GG501 | | | | | | |
| Height : \_ \_ \_cm | | | | | | | | GG502 | | | | | | |
| **Q** | |  | | | | | | | | | | | **Response**  **options** | | | | | | | **Variable**  **name** | | | | | |
| **68** | | **Feeling of agitation and restlessness.** *(Enter a cross in a box for the items that apply to you best during the*  *last 6 months.)* | | | | | | | | | | | | | | | | | | | | | | | |
|  | | 1. How often do you have trouble wrapping up the final details of a project, | | | | | | | | | | |  | | | | | | | GG503 | | | | | |
| once the challenging parts have been done? | | | | | | | | | | |  | | | | | | |  | | | | | |
| 2. How often do you have difficulty getting things in order when you have to do | | | | | | | | | | |  | | | | | | | GG504 | | | | | |
| a task that requires organisation? | | | | | | | | | | | 1-Never | | | | | | |  | | | | | |
| 3. When you have a task that requires a lot of thought, how often do you avoid | | | | | | | | | | | 2-Rarely | | | | | | | GG505 | | | | | |
| or delay getting started? | | | | | | | | | | | 3-Sometimes | | | | | | |  | | | | | |
| 4. How often do you have problems remembering appointments or obligations? | | | | | | | | | | | 1. Often 2. Very often | | | | | | | GG506 | | | | | |
| 5. How often do you fidget or squirm with your hands or feet when you have to | | | | | | | | | | |  | | | | | | | GG507 | | | | | |
| sit down for a long time? | | | | | | | | | | |  | | | | | | |  | | | | | |
| 6. How often do you feel overly active and compelled to do things, like you | | | | | | | | | | |  | | | | | | | GG508 | | | | | |
| were driven by a motor? | | | | | | | | | | |  | | | | | | |  | | | | | |
| **Q** | | |  | | | | **Response options** | | | | | | | | | | **Variable name** | | | | | |
| **69** | | | **If you have a husband/boyfriend/partner, to what extent do you agree with the following descriptions?** | | | | | | | | | | | | | | | | | | | |
|  | | | 1. My partner and I have problems in our relationship | | | | 1-Agree completely 2-Agree   1. Agree somewhat 2. Disagree somewhat 5-Disagree   6-Disagree completely | | | | | | | | | | GG509 | | | | | |
| 2. I am very happy with our relationship | | | | GG510 | | | | | |
| 3. My partner is generally understanding | | | | GG511 | | | | | |
| 4. I am satisfied with my relationship with my partner | | | | GG512 | | | | | |
| 5. We agree on how our child should be raised | | | | GG513 | | | | | |
| **Q** | | |  | | | | | **Response options** | | | | | | | | **Variable name** | | | | | | | |
| **70** | | | **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 | | | | | | | | GG514 | | | | | | | |
| 2. Nervousness or shakiness inside | | | | | GG515 | | | | | | | |
| 3. Feeling hopeless about the future | | | | | GG516 | | | | | | | |
| 4. Felling blue | | | | | GG517 | | | | | | | |
| 5. Worrying too much about things | | | | | GG518 | | | | | | | |
| 6. Feeling everything is an effort | | | | | GG519 | | | | | | | |
| 7. Feeling tense or keyed up | | | | | GG520 | | | | | | | |
| 8. Suddenly scared for no reason | | | | | GG521 | | | | | | | |
| **Q** | | |  | | | | | | | | | | | | **Response options & variable**  **name** | | | | | | | | | | | | | | |
| **71** | | | **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? | | | | | | | | | | | | GG522 | | | | | | GG523 | | | | | | | | |
| 2. Have you had financial problems? | | | | | | | | | | | | GG524 | | | | | | GG525 | | | | | | | | |
| 3. Have you been divorced, separated or ended the relationship with your partner? | | | | | | | | | | | | GG526 | | | | | | GG527 | | | | | | | | |
| 4. Have you had any problems or conflicts with your family, friends or neighbors? | | | | | | | | | | | | GG528 | | | | | | GG529 | | | | | | | | |
| 5. Have you been seriously worried that there is something wrong with your child? | | | | | | | | | | | | GG530 | | | | | | GG531 | | | | | | | | |
| 6. Have you been seriously ill or injured? | | | | | | | | | | | | GG532 | | | | | | GG533 | | | | | | | | |
| 7. Has anyone close to you been seriously ill or injured? | | | | | | | | | | | | GG534 | | | | | | GG535 | | | | | | | | |
| 8. Have you been involved in a serious traffic accident, house fire or robbery? | | | | | | | | | | | | GG536 | | | | | | GG537 | | | | | | | | |
| 9. Have you lost someone close to you? | | | | | | | | | | | | GG538 | | | | | | GG539 | | | | | | | | |
| 10. Other | | | | | | | | | | | | GG540 | | | | | | GG541 | | | | | | | | |
| **Q** | |  | | | | | | | | **Response options** | | | | | | | | | **Variable name** | | | | | |
| **72** | | **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 | | | | | | | | | GG600 | | | | | |
| 2. Feel happy | | | | | | | | GG601 | | | | | |
| 3. Feel joyful, like everything is going your way, everything is rosy | | | | | | | | GG602 | | | | | |
| 4. Feel like screaming at somebody or banging on something | | | | | | | | GG603 | | | | | |
| 5. Feel angry, irritated, annoyed | | | | | | | | GG604 | | | | | |
| 6. Feel mad at somebody | | | | | | | | GG605 | | | | | |
| **Q** | | |  | | | | | **Response options** | | | | | | | | | | | **Variable name** | | | | | |
| **73** | | | **Do you agree or disagree with the following statements?** | | | | | | | | | | | | | | | | | | | | | |
|  | | | 1. In most ways my life is close to my ideal | | | | | 1- Disagree completely | | | | | | | | | | | GG606 | | | | | |
| 2. The conditions of my life are excellent | | | | | GG607 | | | | | |
| 2- Disagree | | | | | | | | | | |
| 3. I am satisfied with my life | | | | | GG608 | | | | | |
| 3- Disagree somewhat | | | | | | | | | | |
| 4. So far I have gotten the important things I want in life | | | | | GG609 | | | | | |
| 4- Don’t agree or disagree | | | | | | | | | | |
| 5. If I could live my life over, I would change almost nothing | | | | | 5- Agree somewhat | | | | | | | | | | | GG610 | | | | | |
|  | | | | | 6- Agree | | | | | | | | | | |  | | | | | |
| 6. I really enjoy my work | | | | | GG611 | | | | | |
| 7- Agree completely | | | | | | | | | | |
| **Q** | | |  | | | | | | **Response options** | | | | | | | | | **Variable name** | | | | | |
| **74** | | | **How do you feel about yourself?** | | | | | | | | | | | | | | | | | | | | |
|  | | | 1. I have a positive attitude toward myself | | | | | | 1-Agree completely 2-Agree   1. Disagree 2. Disagree completely | | | | | | | | | GG612 | | | | | |
| 2. I feel completely useless at times | | | | | | GG613 | | | | | |
| 3. I feel that I do not have much to be proud about | | | | | | GG614 | | | | | |
| 4. I feel that I am a valuable person, as good as anyone else | | | | | | GG615 | | | | | |
| **Q** |  | | | | | | | | | | **Response options** | | | | | | | | | **Variable name** | | | | | | |
| **75** | **Bringing up your child** *(Enter a cross to indicate whether you agree or disagree with the following statements.)* | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 1. What I do has little effect on my child’s behaviour | | | | | | | | | |  | | | | | | | | | GG616 | | | | | | |
| 2. My child is used to getting what he/she wants in any case, so there’s | | | | | | | | | |  | | | | | | | | | GG617 | | | | | | |
| no point in even trying to refuse him/her | | | | | | | | | |  | | | | | | | | |  | | | | | | |
| 3. Cuddles and hugs are an important way of showing my child that I | | | | | | | | | |  | | | | | | | | | GG618 | | | | | | |
| love him/her | | | | | | | | | |  | | | | | | | | |  | | | | | | |
| 4. If my child and I have a disagreement it is usually easy to divert | | | | | | | | | | 1-Totally disagree | | | | | | | | | GG619 | | | | | | |
| him/her | | | | | | | | | | 2-Partially disagree | | | | | | | | |  | | | | | | |
| 5 My life is chiefly controlled by my child | | | | | | | | | | GG620 | | | | | | |
| 3-Neither/nor | | | | | | | | |
| 6. I think it is very important for my child to learn to deal with the fact he/she cannot get their own way on everything | | | | | | | | | | 4-Partially agree 5-Totally agree | | | | | | | | | GG621 | | | | | | |
| 7. It is often easier to let my child have his/her own way than to put up | | | | | | | | | |  | | | | | | | | | GG622 | | | | | | |
| with a tantrum | | | | | | | | | |  | | | | | | | | |  | | | | | | |
| 8. Sometimes when I’m tired I let my child get to do things that I usually | | | | | | | | | |  | | | | | | | | | GG623 | | | | | | |
| would not have allowed otherwise | | | | | | | | | |  | | | | | | | | |  | | | | | | |
| 9. It isn’t so important what strategies you use to bring up your | | | | | | | | | |  | | | | | | | | | GG624 | | | | | | |
| children; if you love your children they will develop well | | | | | | | | | |  | | | | | | | | |  | | | | | | |