|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Q** | |  | | | | | | | | **Response options** | | | | | | | | | | | | | **Variable name** | | | | | | |
| **1** | | **What grade is your child in?** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | 1. 7th grade 2. 8th grade 3. 9th grade 4. 10th grade | | | | | | | | | | | | | UM10 | | | | | | |
| **2** | | **Outside school hours: Approximately how many hours per week is your child usually physically active / takes part in sports** (football, handball, skiing, gymnastics / dance, etc.)? | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | 1. Less than 1 hour 2. 1-2 hours 3. 3-4 hours 4. 5-7 hours 5. 8-10 hours 6. 11 hours or more | | | | | | | | | | | | | UM11 | | | | | | |
| **3** | | **How many hours on a typical weekday (outside school hours) ...** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | …does the child watch a film, series/TV? | | | | | | | | 1. Never / seldom 2. Less than 1 hour 3. 1-2 hours 4. 3-4 hours 5. 5 hours or more | | | | | | | | | | | | | UM12 | | | | | | |
| …does the child play games (on TV/computer/tablet /mobile)? | | | | | | | | UM13 | | | | | | |
| …does the child spend time with friends? | | | | | | | | UM14 | | | | | | |
| **4** | | **Approximately how many close friends does your child have (not including siblings)?** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | 1. None 2. 1 friend 3. 2-3 friends 4. 4 + friends | | | | | | | | | | | | | UM15 | | | | | | |
| **Q** | | | |  | | | | | **Response options** | | | | | | | | | | | **Variable name** | | | | | | | |
| **5** | | | | **How is the child coping in the following subjects?** | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | Norwegian | | | | | 1. Very well 2. Quite well 3. Struggling with the subject 4. Has severe problems 5- Don’t know | | | | | | | | | | | UM16 | | | | | | | |
| Mathematics | | | | | UM17 | | | | | | | |
| English | | | | | UM18 | | | | | | | |
| **6** | | | | **Is an administrative decision made about your child being eligible for special education at school?** | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | |  | | | | | 1. No 2. Yes | | | | | | | | | | | UM19 | | | | | | | |
| *If yes, in which subject?* | | | | | | | | | | | | | | | | | | | | | | | |
| Norwegian | | | | |  | | | | | | | | | | | UM20 | | | | | | | |
| Mathematics | | | | | UM21 | | | | | | | |
| Other subjects | | | | | UM22 | | | | | | | |
| Other kinds of special education | | | | | UM23 | | | | | | | |
| **Q** | | | | |  | | **Response options** | | | | | | | | | | | | | **Variable name** | | | | | | | |
| **7** | | | | | **Approximately how many hours does the child usually sleep at night (excluding weekends and holidays)?** | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | |  | | 1. 6 hours or less 2. 7 hours 3. 8 hours 4. 9 hours 5. 10 hours 6. 11 hours or more | | | | | | | | | | | | | UM24 | | | | | | | |
| **Q** | |  | | | | | | **Response Categories/ Variable name** | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | **Has the child now, or has s/he ever had any of the following diseases or health problems?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | |  | | | | | | *If yes:* | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | 1-no 2-yes | | | | | | When: | | | | | | | | | | | Has the condition been Confirmed by physician?  1-no 2-yes | | | | | | | |
| now | | | | earlier | | | | | | |
| **8** | | Rheumatoid arthritis/chronic joint inflammation | | | | | | UM25 | | | | | | UM26 | | | | UM27 | | | | | | | UM28 | | | | | | | |
| **9** | | Epilepsy | | | | | | UM29 | | | | | | UM30 | | | | UM31 | | | | | | | UM32 | | | | | | | |
| **10** | | Migraine | | | | | | UM33 | | | | | | UM34 | | | | UM35 | | | | | | | UM36 | | | | | | | |
| **11** | | Cancer | | | | | | UM37 | | | | | | UM38 | | | | UM39 | | | | | | | UM40 | | | | | | | |
| **12** | | Asthma | | | | | | UM41 | | | | | | UM42 | | | | UM43 | | | | | | | UM44 | | | | | | | |
| **13** | | Accidental injury | | | | | | UM45 | | | | | | UM46 | | | | UM47 | | | | | | | UM48 | | | | | | | |
| **14** | | Diabetes | | | | | | UM49 | | | | | | UM513\* | | | | UM514\* | | | | | | | UM50 | | | | | | | |
| **15** | | Chronic fatigue syndrome/ ME | | | | | | UM51 | | | | | | UM52 | | | | UM53 | | | | | | | UM54 | | | | | | | |
| **16** | | Reduced hearing | | | | | | UM55 | | | | | | UM56 | | | | UM57 | | | | | | | UM58 | | | | | | | |
| **17** | | Coeliac disease | | | | | | UM59 | | | | | | UM60 | | | | UM61 | | | | | | | UM62 | | | | | | | |
| **18** | | Anorexia nervosa | | | | | | UM63 | | | | | | UM64 | | | | UM65 | | | | | | | UM66 | | | | | | | |
| **19** | | Bulimia | | | | | | UM67 | | | | | | UM68 | | | | UM69 | | | | | | | UM70 | | | | | | | |
| **20** | | An anxiety disorder | | | | | | UM71 | | | | | | UM72 | | | | UM73 | | | | | | | UM74 | | | | | | | |
| **21** | | ADHD | | | | | | UM75 | | | | | | UM76 | | | | UM77 | | | | | | | UM78 | | | | | | | |
| **22** | | Other serious illnesses | | | | | | UM79 | | | | | | UM80 | | | | UM81 | | | | | | | UM83 | | | | | | | |
|  | | Other serious illnesses, describe: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| **23** | | **Has the child…** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | 1. had/contracted a respiratory infection during the past year (ear/throat/sinus infection)? | | | | | | | | | | | | | | | 1. no 2. yes 3. don’t know | | | | | | | | UM84 | | | | | | | |
| 2. had/contracted influenza during the past year? | | | | | | | | | | | | | | | UM85 | | | | | | | |
| 3. ever been *vaccinated* against influenza? | | | | | | | | | | | | | | | UM86 | | | | | | | |
| **Q** | | |  | | | **Response options** | | | | | | | **Variable name** | | | | | | | | | | | | | | | | | | |
|  | | | **Has the child now, or has s/he ever had any of the following developmental problems?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | | 1. No 2. Yes | | | *If yes:* | | | | | | | | | | | | | | | | | | | | | | |
| When: | | | | | | | | | | | Has your child been referred to a specialist? 1-No  2-Yes | | | | | | | | | | | |
| Now | | | | In the past | | | | | | |
| **24** | | | General learning disabilities | | | UM87 | | | UM88 | | | | UM89 | | | | | | | UM90 | | | | | | | | | | | |
| **25** | | | Delayed or abnormal language development | | | UM95 | | | UM96 | | | | UM97 | | | | | | | UM98 | | | | | | | | | | | |
| **26** | | | Reading/writing difficulties | | | UM103 | | | UM104 | | | | UM105 | | | | | | | UM106 | | | | | | | | | | | |
| **27** | | | Concentration- or attention difficulties | | | UM111 | | | UM112 | | | | UM113 | | | | | | | UM114 | | | | | | | | | | | |
| **28** | | | Autistic traits /autism/Asperger’s Syndrome | | | UM119 | | | UM120 | | | | UM121 | | | | | | | UM122 | | | | | | | | | | | |
| **29** | | | Behavioural problems | | | UM127 | | | UM128 | | | | UM129 | | | | | | | UM130 | | | | | | | | | | | |
| **30** | | | Emotional difficulties (sad or anxious) | | | UM135 | | | UM136 | | | | UM137 | | | | | | | UM138 | | | | | | | | | | | |
| **31** | | | Other developmental difficulties | | | UM143 | | | UM144 | | | | UM145 | | | | | | | UM147 | | | | | | | | | | | |
|  | | | Other, describe: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | | *If now:* | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do the difficulties affect the child’s daily life in any of the following areas? | | | | | | | | | | | | | | | Is the child bothered or disturbed by the difficulties?  *1- no*  *2- yes a bit 3- yes a lot* | | | | | | | | | | |
| At home/ in the family   1. *no* 2. *yes a bit 3- yes a lot* | | | | With friends/ peers   1. *no* 2. *yes a bit 3- yes a lot* | | | | | Learning at school   1. *no* 2. *yes a bit 3- yes a lot* | | | | | |
| **24** | | | General learning disabilities | | | UM91 | | | | UM92 | | | | | UM93 | | | | | | UM94 | | | | | | | | | | |
| **25** | | | Delayed or abnormal language development | | | UM99 | | | | UM100 | | | | | UM101 | | | | | | UM102 | | | | | | | | | | |
| **26** | | | Reading/writing difficulties | | | UM107 | | | | UM108 | | | | | UM109 | | | | | | UM110 | | | | | | | | | | |
| **27** | | | Concentration- or attention difficulties | | | UM115 | | | | UM116 | | | | | UM117 | | | | | | UM118 | | | | | | | | | | |
| **28** | | | Autistic traits /autism/Asperger’s Syndrome | | | UM123 | | | | UM124 | | | | | UM125 | | | | | | UM126 | | | | | | | | | | |
| **29** | | | Behavioural problems | | | UM131 | | | | UM132 | | | | | UM133 | | | | | | UM134 | | | | | | | | | | |
| **30** | | | Emotional difficulties (sad or anxious) | | | UM139 | | | | UM140 | | | | | UM141 | | | | | | UM142 | | | | | | | | | | |
| **31** | | | Other developmental difficulties | | | UM148 | | | | UM149 | | | | | UM150 | | | | | | UM151 | | | | | | | | | | |
| **Q** | | |  | | | | | | | | | | | | | **Response options** | | | | | | | | | | **Variable name** | | | | | |
| **32** | | | **Choose the alternative that best describes your child’s behaviour over the past 6 months.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | 1. Fails to give close attention to details or makes careless mistakes in | | | | | | | | | | | | |  | | | | | | | | | | UM152 | | | | | |
| schoolwork | | | | | | | | | | | | |  | | | | | | | | | |
| 2. Has difficulty sustaining attention in tasks or play activities | | | | | | | | | | | | |  | | | | | | | | | | UM153 | | | | | |
| 3. Does not seem to listen when spoken to directly | | | | | | | | | | | | |  | | | | | | | | | | UM154 | | | | | |
| 4. Does not follow through on instructions and fails to finish school work, chores | | | | | | | | | | | | |  | | | | | | | | | | UM155 | | | | | |
| or duties (not due to oppositional behaviour or failure to understand instructions) | | | | | | | | | | | | |  | | | | | | | | | |
| 5. Has difficulty organizing tasks and activities | | | | | | | | | | | | |  | | | | | | | | | | UM156 | | | | | |
| 6. Avoids, dislikes or is reluctant to engage in tasks that require sustained mental | | | | | | | | | | | | |  | | | | | | | | | | UM157 | | | | | |
| effort (such as schoolwork or homework) | | | | | | | | | | | | |  | | | | | | | | | |
| 7. Loses things necessary for tasks or activities (pencils, books, toys) | | | | | | | | | | | | | 1-never/rarely | | | | | | | | | | UM158 | | | | | |
| 8. Is easily distracted | | | | | | | | | | | | | UM159 | | | | | |
| 9. Is forgetful in daily activities | | | | | | | | | | | | | 2-Sometimes | | | | | | | | | | UM160 | | | | | |
| 10. Fidgets with hands or feet or squirms in seat (sits uneasily) | | | | | | | | | | | | | UM161 | | | | | |
| 11. Leaves seat in classroom or in other situations in which remaining seated is expected (e.g. at the table or in group gathering) | | | | | | | | | | | | | 3-often | | | | | | | | | | UM162 | | | | | |
| 12. Runs about or climbs excessively in situations in which it is inappropriate | | | | | | | | | | | | | 4-very often | | | | | | | | | | UM163 | | | | | |
| 13. Has difficulty playing or engaging in leisure activities quietly | | | | | | | | | | | | | UM164 | | | | | |
| 14. Is “on the go” or acts as if “driven by a motor” | | | | | | | | | | | | |  | | | | | | | | | | UM165 | | | | | |
| 15. Talks excessively | | | | | | | | | | | | |  | | | | | | | | | | UM166 | | | | | |
| 16. Blurts out answers before questions have been completed | | | | | | | | | | | | |  | | | | | | | | | | UM167 | | | | | |
| 17. Has difficulty awaiting turn | | | | | | | | | | | | |  | | | | | | | | | | UM168 | | | | | |
| 18. Interrupts or intrudes on others, such as in conversation or play | | | | | | | | | | | | |  | | | | | | | | | | UM169 | | | | | |
| 19. Loses temper (tantrums) | | | | | | | | | | | | |  | | | | | | | | | | UM170 | | | | | |
| 20. Argues with adults | | | | | | | | | | | | |  | | | | | | | | | | UM171 | | | | | |
| 21. Actively defies or refuses to comply with adults’ requests or rules | | | | | | | | | | | | |  | | | | | | | | | | UM172 | | | | | |
| 22. Deliberately annoys people | | | | | | | | | | | | |  | | | | | | | | | | UM173 | | | | | |
| 23. Blames others for his/her mistakes or misbehaviour | | | | | | | | | | | | |  | | | | | | | | | | UM174 | | | | | |
| 24. Is touchy or easily annoyed by others | | | | | | | | | | | | |  | | | | | | | | | | UM175 | | | | | |
| 25. Is angry and resentful | | | | | | | | | | | | |  | | | | | | | | | | UM176 | | | | | |
| 26. Is spiteful or vindictive | | | | | | | | | | | | |  | | | | | | | | | | UM177 | | | | | |
| **Q** | | | |  | | | | | | | | | | **Response options** | | | | | | | | | | | | **Variable name** | | | | | | |
| **33** | | | | **The questions below concern how your child has felt or behaved recently the past 2 weeks.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | 1. Felt miserable or unhappy | | | | | | | | | | 1. Not true 2. Sometimes true 3-True | | | | | | | | | | | | UM178 | | | | | | |
| 2. Felt so tired that s/he just sat around and did nothing | | | | | | | | | | UM179 | | | | | | |
| 3. Felt s/he was no good anymore | | | | | | | | | | UM180 | | | | | | |
| 4. Thought s/he could never be as good as other kids | | | | | | | | | | UM181 | | | | | | |
| 5. Thought nobody really loved him/her | | | | | | | | | | UM182 | | | | | | |
| 6. Felt s/he did everything wrong | | | | | | | | | | UM183 | | | | | | |
| **Q** | | | |  | | | | | | | | **Response options** | | | | | | | | | | **Variable name** | | | | | | |
| **34** | | | | **Following are several questions concerning how your child has felt or behaved the past months.** | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | 1. My child gets really frightened for no reason at all | | | | | | | | 1. Not true 2. Sometimes true 3. Very true | | | | | | | | | | UM184 | | | | | | |
| 2. My child is afraid to be alone in the house | | | | | | | | UM185 | | | | | | |
| 3. People tell my child that he/she worries too much | | | | | | | | UM186 | | | | | | |
| 4. My child is scared to go to school | | | | | | | | UM187 | | | | | | |
| 5. My child is shy | | | | | | | | UM188 | | | | | | |
| **Q** | | |  | | | | | | | | | | **Response options** | | | | | | | | | | | | **Variable name** | | | | | | | |
| **35** | | | **Give answers on the basis of your child’s behaviour over the past 6 months.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | Is considerate to other people’s feelings | | | | | | | | | | 1. Not true 2. Somewhat true 3. Certainly true | | | | | | | | | | | | UM189 | | | | | | | |
| Shares readily with other youths (treats, games, other things) | | | | | | | | | | UM190 | | | | | | | |
| Is helpful if someone is hurt, upset or feeling ill | | | | | | | | | | UM191 | | | | | | | |
| Is kind to younger children/youths | | | | | | | | | | UM192 | | | | | | | |
| Often volunteers to help others (parents, teachers, other children/youths) | | | | | | | | | | UM193 | | | | | | | |

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| **Q** |  | | **Response options** | | **Variable name** |
| **36** | **Are you currently in paid employment?** | | | | |
|  |  | | 1- Yes, full time work 2- Yes, part time   1. Yes, but am currently on sick leave 2. No | | UM194 |
|  | *If yes (1-3):*  **About your workplace: Please decide how much you agree with the following claims/questions about your workplace and your job:** | | | | |
|  | 1. There is a good team spirit at my workplace | | 1- Very rarely or never 2- Rarely   1. Sometimes 2. Fairly often 3. Very often or always 6- Not relevant | | UM506 |
|  | 2. My colleagues are there for me (give me support) | | UM507 |
|  | 3. I get on well with my work colleagues | | UM508 |
|  | 4. Have you been bullied/harassed at your workplace? | | UM509 |
|  | 5. If you need it, can you get support and help concerning your job from your immediate superior? | | UM510 |
| **Q** |  | | **Response options** | | **Variable name** |
| **37** | **Does the child’s biological father live with you?** | | | | |
|  |  | | 1. Yes 2. No, we have separated 3. No, we have never lived together 4- No, he is no longer alive | | UM195 |
| 1.*If ‘no, he is no longer alive’* | | | | |
| How old was the child when the father died? | | Years of age | | UM196 |
|  | 2*.If ‘no, we never lived together’ or ‘no, we have separated’* | | | | |
|  | Version B | How much of the time does your child live with you? | 1-  2-  3-  4-  5-  6-  7- | More than half the time About half the time About 1/3 of the time  (equivalent to every other weekend, one day a week and half the time during holidays)  At least once a week At least once a month  Less than once a month Never | UM197 |
|  | Version B | How much of the time does your child live with his/her biological father | UM198 |
|  | Version A | If no, how much of the time does the child live with you? | 1-  2-  3- | Always, or close to always 50 %, or more  Less than 50 % | UM515 |
|  | Which agreement do you have concerning the child’s living arrangements? | | 1-  2-  3- | Joint physical custody Mother is the primary resident parent Father is the primary  resident parent | UM199 |
|  | 3.If ‘no, we have separated’ | | | | |
|  | How old was the child when you and the father separated? | | Years of age | | UM200 |
| **38** | **How many children (below 20 years of age) in total live in your household?** | | | | |
|  |  | | No. of children | | UM201 |
| **39** | **Do you share household with others, other than your own children?** | | | | |
|  |  | | 1-  2- | No yes | UM202 |
|  | if ‘yes’ | | | | |
|  | Who do you share household with, in addition to your own children? | | Spouse | | UM203 |
| Partner | | UM204 |
| Other children | | UM205 |
| Others | | UM206 |
| **40** | **How many children do you have?** | |  | |  |
|  |  | | No. of children | | UM207 |
|  | What year was your child born? (one year per child,  new variable for first, second, third child etc. when relevant) | | Year of birth | | UM208 – UM262 |
| **41** | **Respond to each question** | | | | |
|  | Has there been any damage caused by damp, visible fungal/mould growth, or smell of mould in your home during the past year? | | 1. No 2. yes | | UM263 |
|  | Is a wood-burning stove/fireplace often used for heating the home? | | UM264 |
|  | Do you have any pets with fur (dog, cat etc.)? | | UM265 |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Q** | |  | | **Response options** | | **Variable name** | | |
| **42** | | **How physically active are you? Here we ask about how long you do activities in which you become short of breath or sweat. Include activities both at home and at work.** | | | | | | |
|  | | 1. How often do you exercise for up to 30 | |  | |  | | |
| minutes \* | | 1) Never | | UM266 | | |
|  | | 1. Less than once per week 2. Once per week 3. 2 times per week | |  | | |
| 2. How often do you exercise for 30-60 minutes | | UM267 | | |
|  | | 1. 3-4 times per week 2. 5 times or more per week | |  | | |
| 3. How often do you exercise for more than 60 minutes | | UM268 | | |
| **43** | | **Respond to each question** | | | | | | |
|  | | 4. About how many hours do you spend | |  | |  | | |
| sitting during a normal day when you | |  | |  | | |
| work/study? (if you do not work or study, how | | 1) Less than 1 hour | | UM269 | | |
| many hours per day do you spend sitting | | 2) 1-2 hours | |  | | |
| between 8am and 5pm?) | | 3) 3-4 hours | |  | | |
| 5. About how many hours do you spend | | 4) 5-8 hours | |  | | |
| sitting during a normal day in your leisure time  (after 5pm)? Include transport, TV, reading, | | 5) Over 8 hours | | UM270 | | |
| etc.) | |  | |  | | |
| **Q** | |  | | | **Response options** | | **Variable name** | |
| **50** | | **Have you ever had cosmetic surgery?** | | | | | | |
|  | |  | | | 1. No 2. Yes | | UM284 | |
| *If yes* | | How many cosmetic operations have you had? | | | | | | |
|  | |  | | | No. of operations | | UM285 | |
|  | | How old were you when you had your first operation? | | | | | | |
|  | |  | | | No. of years | | UM300 | |
|  | | What type of cosmetic surgery have you had? | | | | | | |
|  | | Breast enlargement | | |  | | UM286 | |
| Breast reduction | | | UM287 | |
| Liposuction | | | UM288 | |
| Nose surgery (Rhinoplasty) | | | UM289 | |
| Eyelid surgery (Blepharoplasty) | | | UM290 | |
| Tummy tuck (Abdominoplasty) | | | UM291 | |
| Facelift (Rhytidectomy) | | | UM292 | |
| Other | | | UM293 | |
|  | | If Liposuction | Which body part | | | | | |
|  | |  | Stomack | |  | | UM294 | |
|  | | Hips | | UM295 | |
|  | | Buttocks | | UM296 | |
|  | | Thighs | | UM297 | |
|  | | Other | | UM298 | |
|  | | If other: | State the type of cosmetic surgery you have had. (include body part if it is not apparent from the type of surgery concerned. | | | | | |
|  | |  | | | Text response | |  | |
| **Q** |  | | | | **Response options** | | | **Variable name** |
| **51** | **Are you pregnant now?** | | | | | | | |
|  |  | | | | 1. No 2. Yes | | | UM301 |
| **52** | **Have you given birth in the past year?** | | | | | | | |
|  |  | | | | 1. No 2. Yes | | | UM302 |

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| **Q** | |  | | | | **Response options** | | | | | | | | **Variable name** | | | |
|  | | **Questions about sleeping and sleep problems over the past month** | | | | | | | | | | | | | | | |
| **53** | | How often do you find it difficult to get to sleep at night? | | | | 1-  2-  3-  4-  5-  6- | | | | Never  Less than once a week Once per week  Twice per week Three times per week 4 times or more per week | | | | UM303 | | | |
| **54** | | How often have you woken up repeatedly during the night? | | | | UM305 | | | |
| **55** | | How often do you feel tired or sleepy during the day? | | | | UM307 | | | |
|  | | *If q53 = 2-6: for how long have you found it difficult to get to sleep at night?* | | | | 1-  2-  3-  4-  5-  6- | | | | Less than 1 month 1-2 months  3-6 months  7-11 months  1-3 years  More than 3 years | | | | UM304 | | | |
| *If q54 = 2-6: for how long have you woken up repeatedly during the night?* | | | | UM306 | | | |
| *If q55 = 2-6: for how long have you felt tired or sleepy during the day?* | | | | UM308 | | | |
| **56** | | **What time do you normally go to bed to sleep on weekdays?** | | | | | | | | | | | | | | | |
|  | |  | | | | Choose time point | | | | | | | | UM309 | | | |
| **57** | | **How long time does it normally take you from going to bed to sleep, until you actually fall a sleep on weekdays?** | | | | | | | | | | | | | | | |
|  | |  | | | | Choose time | | | | | | | | UM310 | | | |
| **58** | | **For how long are you awake during the night (after you have first fallen asleep) on weekdays?** | | | | | | | | | | | | | | | |
|  | |  | | | | Choose time | | | | | | | | UM311 | | | |
| **59** | | **What time do you normally get up in the morning on weekdays?** | | | | | | | | | | | | | | | |
|  | |  | | | | Choose time point | | | | | | | | UM312 | | | |
| **60** | | **How often do you use electronic devices (e.g. mobile phone, tablet, pc/mac, tv, etc.) in the bedroom during the last hour before you go to sleep?** | | | | | | | | | | | | | | | |
|  | |  | | | | 1-  2-  3-  4- | | | | Never  1-2 evenings a week 3-6 evenings a week  Every evening | | | | UM313 | | | |
| **61** | | **How often do you receive or send messages during the night, after you have gone to sleep?** | | | | | | | | | | | | | | | |
|  | |  | | | | 1-  2-  3-  4- | | | | Never  1-2 nights a week 3-6 nights a week Every night | | | | UM314 | | | |
| **Q** | |  | | | | | | **Response options** | | | | **Variable name** | | | | |
| **62** | | **How much have the following problems bothered you during the past week?** | | | | | | | | | | | | | | |
|  | | 1. Fear of embarrassment cause me to avoid doing things or | | | | | | 1-Not at all | | | | UM315 | | | | |
| speaking to people | | | | | | 2-A little bit | | | |
|  | | | | | | UM316 | | | | |
| 2. I avoid activities in which I am the centre of attention | | | | | | 3-Somewhat | | | |
|  | | | | | | 4-Very much | | | |
| 3. Being embarrassed or looking stupid are among my worst fears | | | | | | 5-Extremely | | | | UM317 | | | | |
| **Q** | |  | | | | **Response options** | | | | | | **Variable name** | | |
| **63** | | **How much do you agree with these descriptions?** | | | | | | | | | | | | |
|  | | 1. In most ways my life is close to my ideal | | | |  | | | | | | UM318 | | |
|  | | | | 1. Disagree completely 2. Disagree | | | | | |
| 2. The conditions of my life are excellent | | | | UM319 | | |
|  | | | | 1. Slightly agree 2. Don’t agree or disagree | | | | | |
| 3. I am satisfied with my life | | | | UM320 | | |
|  | | | | 1. Slightly agree 2. Agree | | | | | |
| 4. So far I have gotten the important things I want in life | | | | UM321 | | |
|  | | | | 7- Agree completely | | | | | |
| 5. If I could live my life over, I would change almost nothing | | | | UM322 | | |
| **Q** | |  | | | | | **Response options** | | | | | **Variable name** | | |
| **64** | | **Think about the past 2 weeks: how often do you experience the following in your daily life?** | | | | | | | | | | | | |
|  | | 1. Feel glad about something | | | | | 1-Rarely or never 2-Hardly ever  3-Sometimes 4-Often  5-Very often | | | | | UM323 | | |
| 2. Feel happy | | | | | UM324 | | |
| 3. Feel joyful, like everything is going your way, everything is rosy | | | | | UM325 | | |
| 4. Feel like screaming at somebody or banging on something | | | | | UM326 | | |
| 5. Feel angry, irritated, annoyed | | | | | UM327 | | |
| 6. Feel mad at somebody | | | | | UM328 | | |
| **Q** | |  | | | | | | | | **Response options** | | | **Variable name** | | |
|  | | **In the past 6 months have you experienced the following?** | | | | | | | | | | | | | |
| **65** | | 1. A spell or attack when all of sudden you felt frightened, anxious or very uneasy? | | | | | | | | 1-Yes 2-No | | | UM329 | | |
| *If yes:* | Did any of these attacks happen in a situation where you were not in danger or not the center of attention? | | | | | | | UM330 | | |
| **66** | | 2. A spell or attack when for no reason your heart suddenly began to race, you felt faint, or you couldn’t catch your breath? | | | | | | | | UM331 | | |
| *If yes:* | Did any of these attacks happen in a situation where you were not in danger or not the center of attention? | | | | | | | UM332 | | |
| **Q** | | |  | | **Response options** | | | | | | | **Variable name** | | |
| **67** | | | **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 | | | | | | | UM333 | | |
| 2. Nervousness or shakiness inside | | UM334 | | |
| 3. Feeling hopeless about the future | | UM335 | | |
| 4. Felling blue | | UM336 | | |
| 5. Worrying too much about things | | UM337 | | |
| 6. Feeling everything is an effort | | UM338 | | |
| 7. Feeling tense or keyed up | | UM339 | | |
| 8. Suddenly scared for no reason | | UM340 | | |
| 9. Anxiety or panic attack | | UM341 | | |
| 10. Feelings of worthlessness | | UM342 | | |
| 11. Feeling low in energy, slowed down | | UM343 | | |
| 12. Crying easily | | UM344 | | |
| 13. Feelings of uselessness | | UM345 | | |
| 14. Blaming yourself for things | | UM346 | | |

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| **Q** | |  | **Response options** | | **Variable name** | |
| **70.1** | | **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 |  | | UM349 | |
|  | 1-Disagree completely 2-Disagree | |
| 2. I am very happy with our relationship | UM350 | |
|  | 1. Disagree somewhat 2. Agree somewhat | |
| 3. My partner is generally understanding | UM351 | |
|  | 1. Agree 2. Agree completely | |
| 4. I am satisfied with my relationship with my partner | UM352 | |
| 5. We agree on how our child should be raised |  | | UM353 | |
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| **Q** | |  | | | **Response options** | | **Variable name** | |
| **70.2** | | *If your child’s biological father is still alive (Q.37)*  **How often would you say you and the biological father of your child…** | | | | | | |
|  | | …have unpleasant conversations | | | 1. Never 2. Rarely 3. Sometimes 4. Often | | UM354 | |
| …argue | | | UM355 | |
| …are angry with each other | | | UM356 | |

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| **Q** |  | **Response options** | | **Variable name** |
| **71** | **Currently, how is your relationship with your child** | | | |
|  | My child openly shares his/her feelings and experiences with me. | 1- | Not true | UM357 |
|  | 2-  3- | Rarely true  Sometimes true |
| It is easy to understand what my child is feeling | UM358 |
|  | 4-  5- | Often true Always true |
| If upset, my child will seek comfort from me | UM359 |

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| **Q** | |  | | | | | | **Response options** | | **Variable name** | | |
| **72** | | **How often would you say you and your child…** | | | | | | | | | | |
|  | | …have unpleasant conversations | | | | | | 1. Never 2. Rarely 3. Sometimes 4. Often | | UM360 | | |
| …argue | | | | | | UM361 | | |
| …are angry with each other | | | | | | UM362 | | |
| **Q** | |  | | | **Response options** | | | **Variable name** | | |
| **73** | | **Do you smoke now? If yes, how many cigarettes?** | | | | | |  | | |
|  | |  | | | 1. Do not smoke 2. Smoke sometimes 3. Smoke daily | | | UM363 | | |
| *If smoke sometimes* | | number of cigarettes per week | Number 0-99 | | | UM364 | | |
| *If smoke daily* | | number of cigarettes daily | Number 0-99 | | | UM365 | | |
| **74** | | **Do you use ‘snus’ now? If yes, how much?** | | | | | | | | |
|  | |  | | | 1. Don’t use snus 2. Use snus now and then 3- Use snus daily | | | UM366 | | |
| *If use ‘snus’ now and then, or daily* | | How many boxes do you use per month? |  | | | UM367 | | |
| **75** | | **Do you use any of the following?** | | | | | | | | |
|  | | e-cigarettes with nicotine | | | 1. Never 2. Have tried 3. Occasionally 4. Daily | | | UM368 | | |
|  | | Nicotine chewing gum | | | UM369 | | |
|  | | Other nicotine preparations | | | UM370 | | |
| **Q** | |  | | | | **Response options** | | | | **Variable name** | | |
| **76** | | **How often do you drink alcohol now?** | | | | | | | | | | |
|  | |  | | | | 1-About 6-7 times per week 2-About 4-5 times per week 3-About 2-3 times per week 4-About once per week  5-About 1-3 times per month 6-Less than once a month  7-Never | | | | UM371 | | |
|  | | *If Q76 response ‘1-6’:* | | | | | | | | | | |
|  | | How many alcohol units do you have on a typical day when you are drinking? | | | | 1) 10 or more 2) 7-9  3) 5-6  4) 3-4  5) 1-2  6) Less than 1 | | | | UM372 | | |
| **77** | | **How often during the last year…** | | | | | | | | | | |
|  | | 1. …have you had 6 or more drinks on one occasion? | | | | 1. Never 2. Less than monthly 3-Monthly 3. Weekly 4. Daily/almost daily | | | | UM373 | | |
| 2. …have you found that you were not able to stop drinking once you had started? | | | | UM374 | | |
| 3. …have you failed to do what was normally expected from you because of drinking? | | | | UM375 | | |
| 4. …have you needed a first drink in the morning to get yourself going after a heavy drinking session? | | | | UM376 | | |
| 5. …have you had a feeling of guilt or remorse after drinking alcohol? | | | | UM377 | | |
| 6. …have you been unable to remember what happened the night before because you had been drinking alcohol? | | | | UM378 | | |
| **78** | | Have you or someone else been injured as a result of your drinking? | | | | 1. No 2. Yes | | | | UM379 | | |
|  | | *If yes* | When was this? | | | Earlier than the past year | | | | UM380 | | |
| During the past year | | | | UM381 | | |
| **79** | | Has a relative, friend or doctor (or other health worker) been concerned about your drinking or suggested that you cut down? | | | | 1. No 2. Yes | | | | UM382 | | |
|  | | *If yes* | When was this? | | | Earlier than the past year | | | | UM383 | | |
| During the past year | | | | UM384 | | |

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| **Q** |  | **Response options & variable name** | | |
| **80** | **Have you experienced any of the following situations?** | | | |
|  | *Tick one or two boxes per question* | No | *Yes, during the last year* | *Yes, 1-5*  *years ago* |
| 1. Have you had problems at work or where you study? | UM385 | UM386 | UM387 |
| 2. Have you had financial problems? | UM388 | UM389 | UM390 |
| 3. Have you been divorced, separated or ended the relationship with your partner? | UM391 | UM392 | UM393 |
| 4. Have you had conflicts in your partnership? | UM394 | UM395 | UM396 |
| 5. Have you had any problems or conflicts with your family, friends or neighbors? | UM397 | UM398 | UM399 |
| 6. Have you been seriously worried that there is something wrong with your child? | UM400 | UM401 | UM402 |
| 7. Have you been seriously ill or injured? | UM403 | UM404 | UM405 |
| 8. Has anyone close to you been seriously ill or injured? | UM406 | UM407 | UM408 |
| 9. Have you been involved in a serious traffic accident, fire or robbery? | UM409 | UM410 | UM411 |
| 10. Have you been a victim of physical violence? | UM412 | UM413 | UM414 |
| 11. Have you been a victim of maltreatment or abuse? | UM415 | UM416 | UM417 |
| 12. Have you lost someone close to you? | UM418 | UM419 | UM420 |
| 13. Has your child been a victim of bullying? | UM421 | UM422 | UM423 |
| 14. Have any of your children been seriously ill? | UM424 | UM425 | UM426 |
| 15. Have you been in despair over insufficient help with one of your children’s illness, disorder or disability? | UM427 | UM428 | UM429 |
| 16. Have you experienced mental health problems in the family? | UM430 | UM431 | UM432 |
| 17. Have you experienced suicide or suicide attempts in the family? | UM433 | UM434 | UM435 |
| **81** | **Have you had other dramatic events/experiences the past years?** | | | |
|  |  | UM436 | UM437 | UM438 |
|  | Other events/experiences, describe: |  | | |

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| **Q** |  | | | | **Response options /Variable name** | | | |
|  | **Have you ever had any of the following diseases or conditions?** | | | | | | | |
|  |  | | | |  | *If yes* | | |
|  | 1. no 2. yes | When: | | Confirmed by doctor 1- no  2- yes |
| Now | Earlier |
| **82** | Rheumatoid arthritis | | | | UM440 | UM441 | UM442 | UM443 |
| **83** | Cancer | | | | UM444 | UM445 | UM446 | UM447 |
| **84** | Asthma | | | | UM448 | UM449 | UM450 | UM451 |
| **85** | Injury | | | | UM452 | UM453 | UM454 | UM455 |
| **86** | Impaired hearing | | | | UM456 | UM457 | UM458 | UM459 |
| **87** | Diabetes | | | | UM460 | UM516\* | UM517\* | UM461 |
| **88** | Hypothyroid | | | | UM462 | UM463 | UM464 | UM465 |
| **89** | Chronic fatigue syndrome/ME | | | | UM466 | UM467 | UM468 | UM469 |
| **90** | Migraine | | | | UM470 | UM471 | UM472 | UM473 |
| **91** | Anxiety disorder | | | | UM474 | UM475 | UM476 | UM477 |
| **92** | Depressive disorder | | | | UM478 | UM479 | UM480 | UM481 |
| **93** | Other mental health difficulties | | | | UM482 | UM483 | UM484 | UM485 |
| **94** | Chronic back pain | | | | UM486 | UM487 | UM488 | UM489 |
| **95** | Chronic neck/shoulder pain | | | | UM490 | UM491 | UM492 | UM493 |
| **96** | Other serious illnesses | | | | UM494 | UM496 | UM497 | UM498 |
|  |  | | *If yes: describe* | |  | | | |
| Version A | | Replaced by 91, 92 and 93 | | Mental health problems you have sought help for | UM518 | UM519 | UM520 | UM521 |

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| **Q** |  | **Response options** | **Variable name** |
| **97** | **How often have you used the following medicines the past four weeks?** | | |
|  | Paracetamol (Paracet, Panodil, Pamol, Pinex, Therimin) | 1. Never 2. 1 day per week or fewer 3. 2-3 days per week 4. 4 days per week or more | UM499 |
| Ibuprofen (Ibux, Ibumetin, Burana) | UM500 |
| Acetylsalicylic acid (Asprin, Globoid, Dispril) | UM501 |
| **98** | **Have you in the past 12 months visited…** | | |
|  | General Practitioner | 1. No 2. Yes | UM502 |
|  | Psychologist/ psychiatrist | UM503 |
|  | Physiotherapist | UM504 |
|  | Homeopath, acupuncturist, reflexologist, healer, or other provider of alternative therapy | UM505 |