|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Q** |  | | | **Response options** | | | | | | | **Variable name** | |
| **1** | **What is your health like at the moment?** | | | | | | | | | | | |
|  |  | | | 1. Poor 2. Fair 3. Good 4. Excellent | | | | | | | G 1 | |
| **2** | **Do you currently have or have you ever had any of the following diseases/ailments?** | | | | | | | | | |  | |
|  |  | | | 1. No 2. Yes | | | | | | If yes, how old were you  the first time? | Variable name | |
|  | Heart attack | | | G 2\_1\_2 | G 2\_1\_1 | |
|  | Angina Pectoris (angina) | | | G 2\_2\_2 | G 2\_2\_1 | |
|  | Heart failure | | | G 2\_3\_2 | G 2\_3\_1 | |
|  | Other heart disease | | | G 2\_4\_2 | G 2\_4\_1 | |
|  | Seizures with wheezing or difficulty breathing | | | G 2\_5\_2 | G 2\_5\_1 | |
|  | High blood pressure | | | G 2\_6\_2 | G 2\_6\_1 | |
|  | Stroke/brain haemorrhage | | | G 2\_7\_2 | G 2\_7\_1 | |
|  | Kidney disease | | | G 2\_8\_2 | G 2\_8\_1 | |
|  | Asthma | | | G 2\_9\_2 | G 2\_9\_1 | |
|  | Chronic bronchitis, emphysema, COPD | | | G 210\_2 | G 210\_1 | |
|  | Type 1 diabetes | | | G 211\_2 | G 211\_1 | |
|  | Type 2 diabetes | | | G 212\_2 | G 212\_1 | |
|  | Diabetes, other type or unknown | | | G 213\_2 | G 213\_1 | |
|  | Psoriasis | | | G 214\_2 | G 214\_1 | |
|  | Epilepsy | | | G 215\_2 | G 215\_1 | |
|  | Multiple sclerosis (MS) | | | G 216\_2 | G 216\_1 | |
|  | Parkinson’s disease | | | G 217\_2 | G 217\_1 | |
|  | Rheumatoid arthritis | | | G 218\_2 | G 218\_1 | |
|  | Prolapsed disc | | | G 219\_2 | G 219\_1 | |
|  | Ankylosing spondylitis (AS) | | | G 220\_2 | G 220\_1 | |
|  | Osteoporosis | | | G 221\_2 | G 221\_1 | |
|  | Fibromyalgia | | | G 222\_2 | G 222\_1 | |
|  | Chronic fatigue syndrome (ME) | | | G 223\_2 | G 223\_1 | |
|  | Tension headache | | | G 224\_2 | G 224\_1 | |
|  | Migraine | | | G 225\_2 | G 225\_1 | |
|  | Gout | | | G 226\_2 | G 226\_1 | |
|  | Coeliac disease | | | G 227\_2 | G 227\_1 | |
|  | Loss of hearing | | | G 228\_2 | G 228\_1 | |
|  | Osteoarthritis (arthrosis) | | | G 229\_2 | G 229\_1 | |
|  | Alcohol/drug abuse | | | G 230\_2 | G 230\_1 | |
|  | Severe depression | | | G 231\_2 | G 231\_1 | |
|  | Anxiety disorder | | | G 232\_2 | G 232\_1 | |
|  | Bipolar disorder | | | G 233\_2 | G 233\_1 | |
|  | Mental disorders for which you have sought help | | | G 234\_2 | G 234\_1 | |
|  | Cancer.  If yes, please specify: | | | G 235\_2 | G 235\_1 | |
|  | Other serious illness If yes, please specify: | | | G 236\_2 | G 236\_1 | |
| **3** | **Do you have any parents or siblings who either currently have or have had the following diseases?** | | | | | | | | | | | |
|  |  | | |  | | | | | | | Variable name | |
|  | Stroke or brain haemorrhage before the age of 60 | | | 1. No 2. Yes 3. Don’t know | | | | | | | G 3\_1 | |
|  | Myocardial infarction before the age of 60 | | | G 3\_2 | |
|  | Cancer before the age of 60 | | | G 3\_3 | |
| **4** | **Have you been admitted to hospital during the past 12 months?** | | | | | | | | | | **Variable name** | |
|  |  | | | 1. No 2. Yes | | | | | | | G 4 | |
| **5** | **How tall are you?** | | | | | | | | | | **Variable name** | |
|  | cm | | |  | | | | | | | G 5 | |
| **6** | **How much do you currently weigh?** | | | | | | | | | | | |
|  | kg | | |  | | | | | | | G 6 | |
| **7** | **Approximately how much did you weigh when you were 18?** | | | | | | | | | | | |
|  |  | | | 1. kg 2. Don’t remember | | | | | | | 1. G 7\_1  2. G 7\_2 | |
| **Q** |  | | | **Response options** | | | | | |  | **Variable name** | |
| **8** | **Have you experienced any pain during the past four weeks?** If you are experiencing several types of  pain, please answer for the pain that causes you the most trouble. | | | | | | | | | | | |
|  |  | | | 1. No, none at all (go to question 14) 2. Yes, less than every week 3. Yes, every week, but not every day 4. Yes, every day, but not constantly 5. Yes, constantly | | | | | | | G 8 | |
| **9** | **For how long have you been experiencing this pain?** | | | | | | | | | | | |
|  |  | | | 1. Less than 3 months 2. 3-5 months 3. 6-11 months 4. 1-3 years 5. More than 3 years | | | | | | | G 9 | |
| **10** | **Have you experienced any pain during the past four weeks? (insert one or more**  **crosses)** | | | | | | | | | | **Variable name** | |
|  |  | | | Neck | | | | | | | G\_10\_1 | |
| 2 |  | | | Right shoulder | | | | | | | G\_10\_2 | |
|  |  | | | Back | | | | | | | G\_10\_3 | |
|  |  | | | Right arm | | | | | | | G\_10\_4 | |
|  |  | | | Right hand | | | | | | | G\_10\_5 | |
|  |  | | | Right hip | | | | | | | G\_10\_6 | |
|  |  | | | Right leg | | | | | | | G\_10\_7 | |
|  |  | | | Right foot | | | | | | | G\_10\_8 | |
|  |  | | | Head/face | | | | | | | G\_10\_9 | |
|  |  | | | Left shoulder | | | | | | | G\_1010 | |
|  |  | | | Stomach | | | | | | | G\_1011 | |
|  |  | | | Left arm | | | | | | | G\_1012 | |
|  |  | | | Left hand | | | | | | | G\_1013 | |
|  |  | | | Left hip | | | | | | | G\_1014 | |
|  |  | | | Left leg | | | | | | | G\_1015 | |
|  |  | | | Left foot | | | | | | | G\_1016 | |
| **11** | **How severe is the pain normally?** | | | | | | | | | | **Variable name** | |
|  |  | | | No pain at all 1. 0  2. 1  3. 2  4. 3  5. 4  6. 5  7. 6  8. 7  9. 8  10. 9  11. 10  Worst imaginable pain | | | | | | | G\_11 | |
| **12** | **To what extent does the pain prevent you from doing your daily activities?** | | | | | | | | | | | |
|  |  | | | Does not prevent my activities 1. 0  2. 1  3. 2  4. 3  5. 4 | | | | | | | G\_12 | |
|  |  | | | 6. 5  7. 6  8. 7  9. 8  10. 9  11. 10  Prevents all my activities | | | | | | |  | |
| **13** | **How often during the past four weeks have you taken the following medicines?** | | | | | | | | | | **Variable name** | |
|  | Paracetamol (e.g. Paracet, Panodil, Pamol, Pinex, Therimin) | | | 1. Never 2. 1 day a week or less 3. 2-3 days a week 4. 4 days a week or more | | | | | | | G\_13\_1 | |
|  | Ibuprofen (e.g. Ibux, Ibumetin, Burana) | | | G\_13\_2 | |
|  | Diclofenac (e.g. Voltarol) | | | G\_13\_3 | |
|  | Phenazone (e.g. Phenazone caffeine, Phanalgin) | | | G\_13\_4 | |
|  | Naproxen (e.g. Proxan) | | | G\_13\_5 | |
|  | acetylsalicylic acid (e.g. Aspirin, Globoid, Dispril) | | | G\_13\_6 | |
|  | Other non-prescription painkilling medicines, Please specify: | | | G\_13\_7\_1 | |
| **Q** |  | | | **Response options** | | | | | | | **Variable name** | |
| **14** | **Consider what you have eaten during the past year and indicate how often you normally eat each food product.** | | | | | | | | | | | |
|  | Carrots, swedes/turnips, celery | | | 1. Rarely/never 2. About once a month 3. 2-3 times a month 4. 1-3 times a week 5. 4-6 times a week 6. Once a day or more | | | | | | | G\_14\_1 | |
|  | Potatoes | | | G\_14\_2 | |
|  | Cabbage, cauliflower, broccoli, sprouts | | | G\_14\_3 | |
|  | Onions, leek, garlic | | | G\_14\_4 | |
|  | Other vegetables (e.g. peas, spinach, lettuce, tomatoes) | | | G\_14\_5 | |
|  | Apples, pears, plums | | | G\_14\_6 | |
|  | Other fruit (e.g. banana, oranges, grapes) | | | G\_14\_7 | |
|  | Berries (e.g. strawberries, raspberries, blueberries) | | | G\_14\_8 | |
|  | Nuts (not peanuts)/seeds | | | G\_14\_9 | |
|  | Egg (boiled, fried, scrambled) | | | G\_1410 | |
|  | Fish and fish products, both for evening meals and as sandwich fillings | | | G\_1411 | |
|  | Shellfish *(prawns, crab, mussels)* | | | G\_1412 | |
|  | Chicken/turkey | | | G\_1413 | |
|  | Clean or cultured beef, pork or lamb *(roast,*  *chops, fillets, steak)* | | | G\_1414 | |
|  | Processed meat products *(sausages, burgers, meatballs, etc.)* | | | G\_1415 | |
|  | Lentils, beans, chickpeas | | | G\_1416 | |
|  | Olive oil/canola oil *(for salads and cooking)* | | | G\_1417 | |
|  | Coarse cereal products *(wholemeal bread, crispbread, unsweetened muesli etc.)* | | | G\_1418 | |
|  | Oat porridge | | | G\_1419 | |
|  | Rice/pasta | | | G\_1420 | |
|  | Cakes, chocolate, ice cream, confectionary | | | G\_1421 | |
|  | Salty snacks *(e.g. crisps, peanuts)* | | | G\_1422 | |
| **15** | **How often have you drunk the following during the past year?** | | | | | | | | | | **Variable name** | |
|  | Water | | | 1. Less than weekly 2. 1-3 times a week 3. 4-6 times a week 4. 1-2 times a day 5. 3-4 times a day 6. 5+ times a day | | | | | | | G\_15\_1 | |
|  | Fruit juices/smoothies | | | G\_15\_2 | |
|  | Biola/Cultura/Activia/other probiotic products | | | G\_15\_3 | |
|  | Other milk and dairy products *(e.g. ordinary milk, yogurt)* | | | G\_15\_4 | |
|  | Sweet drinks *(e.g. Coca-Cola, blackcurrant juice, nectar)* | | | G\_15\_5 | |
|  | Artificially sweetened beverages *(e.g. Zero, light soda, FUN)* | | | G\_15\_6 | |
|  | Filter/instant coffee | | | G\_15\_7 | |
|  | Brewed/cafetière coffee | | | G\_15\_8 | |
|  | Other coffee *(e.g. espresso, coffee latte)* | | | G\_15\_9 | |
| **16** | **Do you eat fast food (from a fast food outlet, etc.) more than once a week?** | | | | | | | | | | **Variable name** | |
|  |  | | | 1. No 2. Yes | | | | | | | G\_16 | |
| **17** | **Do you skip breakfast more than twice a week?** | | | | | | | | | | **Variable name** | |
|  |  | | | 1. No 2. Yes | | | | | | | G\_17 | |
| **18** | **How often have you taken dietary supplements during the past year?** | | | | | | | | | | | |
|  |  |  | | | | **Variable name** | | | If yes, how often? | | | |
|  |  |  | | | |  | | | Number of  months per year: | | | Number of  times a week: |
|  | Multivitamin/mineral supplements | 1. No 2. Yes | | | | G\_18\_1\_1 | | | G\_18\_1\_2 | | | G\_18\_1\_3 |
|  | Cod liver oil or other omega-3 supplements | G\_18\_2\_1 | | | G\_18\_2\_2 | | | G\_18\_2\_3 |
|  | Protein supplements | G\_18\_3\_1 | | | G\_18\_3\_2 | | | G\_18\_3\_3 |
| **Q** |  | | | | | **Response options** | | | |  | **Variable name** | |
| **19** | **Did your father smoke when you were a child?** | | | | | | | | | | | |
|  |  | | | | | 1. No 2. Yes 3. Don’t know | | | | | G\_19 | |
| **20** | **Did your mother smoke when you were a child?** | | | | | | | | | | | |
|  |  | | | | | 1. No 2. Yes 3. Don’t know | | | | | G\_20 | |
| **21** | **Do you smoke or have you smoked in the past?** | | | | | | | | | | **Variable name** | |
|  |  | | | | | 1. No, I have never smoked 2. Yes, but not anymore 3. Yes, occasionally (parties/holiday, not daily) 4. Yes, daily   If you have never smoked daily, please go to question 25 | | | | | G\_21 | |
| **22** | **How many cigarettes a day do/did you normally smoke?** | | | | | | | | | | **Variable name** | |
|  |  | | | | | cigarettes per day | | | | | G\_22 | |
| **23** | **How old were you when you started smoking?** | | | | | | | | | | | |
|  |  | | | | | years old | | | | | G\_23 | |
| **24** | **If you have previously smoked, how old were you when you stopped?** | | | | | | | | | | | |
|  |  | | | | | years old | | | | | G\_24 | |
| **25** | **Do you currently use or have you previously used smokeless/chewing tobacco**  **(‘snus’)?** | | | | | | | | | | **Variable name** | |
|  |  | | | | | 1. No, never 2. Yes, but not anymore 3. Yes, occasionally 4. Yes, daily   If you have never used ‘snus’ daily, please go to question 29 | | | | | G\_25 | |
| **26** | **How many boxes of 'snus' do/did you use per month?** | | | | | | | | | | | |
|  |  | | | | | boxes of ‘snus’ per month | | | | | G\_26 | |
| **27** | **How old were you when you started using ‘snus’?** | | | | | | | | | | | |
|  |  | | | | | years old | | | | | G\_27 | |
| **28** | **If you have previously used ‘snus’, how old were you when you stopped?** | | | | | | | | | | | |
|  |  | | | | | years old | | | | | G\_28 | |
| **29** | **How often do you drink alcohol?** | | | | | | | | | | **Variable name** | |
|  |  | | | | | 1. Never 2. Once a month or less 3. Two to four times a month 4. Two to three times a week 5. Four or more times a week | | | | | G\_29 | |
| **30** | **How many alcohol units do you have on a typical day when you are drinking?** | | | | | | | | | | **Variable name** | |
|  |  | | | | | 1. 1-2  2. 3-4  3. 5-6  4. 7-9  5. 10 or more | | | | | G\_30 | |
| **31** | **How often do you drink six alcohol units or more?** | | | | | | | | | | **Variable name** | |
|  |  | | | | | 1. Never 2. Less than monthly 3. Monthly 4. Weekly 5. Daily/almost daily | | | | | G\_31 | |
| **32** | **How often during the past year have you found that you were not able to stop drinking once you**  **had started?** | | | | | | | | | | | |
|  |  | | | | | 1. Never 2. Less than monthly 3. Monthly 4. Weekly 5. Daily/almost daily | | | | | G\_32 | |
| **33** | **How often during the past year have you failed to do what was normally expected from you because of drinking?** | | | | | | | | | | | |
|  |  | | | | | 1. Never 2. Less than monthly 3. Monthly 4. Weekly 5. Daily/almost daily | | | | | G\_33 | |
| **34** | **How often do you start your day with alcohol?** | | | | | | | | | | | |
|  |  | | | | | 1. Never 2. Less than monthly 3. Monthly 4. Weekly 5. Daily/almost daily | | | | | G\_34 | |
| **35** | **How often during the past year did you have feelings of guilt over your drinking?** | | | | | | | | | | | |
|  |  | | | | | 1. Never 2. Less than monthly 3. Monthly 4. Weekly 5. Daily/almost daily | | | | | G\_35 | |
| **36** | **How often during the past year have you been unable to remember what**  **happened the night before because you had been drinking?** | | | | | | | | | | **Variable name** | |
|  |  | | | | | 1. Never 2. Less than monthly 3. Monthly 4. Weekly 5. Daily/almost daily | | | | | G\_36 | |
| **37** | **Have you or someone else been injured as a result of your drinking?** | | | | | | | | | | | |
|  |  | | | | | 1. No 2. Yes, but not during the past year 3. Yes, during the past year | | | | | G\_37 | |
| **38** | **Has a relative, friend or doctor been concerned about your drinking or suggested you should cut**  **down?** | | | | | | | | | | | |
|  |  | | | | | 1. No 2. Yes, but not during the past year 3. Yes, during the past year | | | | | G\_38 | |
| **39** | **Have you ever used cannabis?** | | | | | | | | | | **Variable name** | |
|  |  | | | | | 1. No 2. Yes, more than a year ago 3. Yes, during the past year | | | | | G\_39\_1 | |
| **40** | **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.** *(Insert one cross for each line.)* | | | | | | | | | | **Variable name** | |
|  | How often do you exercise for less than 30 minutes? | | | | | 1. Never 2. Less than once a week 3. Once a week 4. 2 times a week 5. 3-4 times a week 6. 5 times a week or more | | | | | G\_40\_1 | |
|  | How often do you exercise for 30-60 minutes? | | | | | G\_40\_2 | |
|  | How often do you exercise for more than 60 minutes? | | | | | G\_40\_3 | |
| **41** | **Roughly how many hours do you spend sitting during a normal day?** (work,  travelling, TV, reading, PC, etc.) | | | | | | | | | | **Variable name** | |
|  |  | | | | | 1. Less than 4 hours 2. 5-8 hours 3. 9-12 hours 4. 13-14 hours 5. 15 hours or more | | | | | G\_41 | |
| **Q** |  | | | **Response options** | | | | | |  | **Variable name** | |
| **42** | **What is your natural hair colour?** | | | | | | | | | | | |
|  |  | | | 1. Dark brown or black 2. Brown 3. Blond 4. Ginger | | | | | | | G\_42 | |
| **43** | **How many moles would you roughly estimate you have on your legs?** | | | | | | | | | | **Variable name** | |
|  |  | | | 1. | | | 0 | | | | G\_43 | |
| 2. | | | 1 | | | |  | |
| 3. | | | 2-3 | | | |  | |
| 4. | | | 4-6 | | | |  | |
| 5. | | | 7-12 | | | |  | |
| 6. | | | 13-24 | | | |  | |
| 7. | | | 25+ | | | |  | |
| **44** | **If you sunbathe for a long time at the start of the summer without applying**  **sunscreen, how does your skin turn?** | | | | | | | | | | **Variable name** | |
|  |  | | | 1. Brown without first turning red 2. Red 3. Red with stinging 4. Red with stinging and blisters | | | | | | | G\_44 | |
| **45** | **After repeated and prolonged sunbathing, what colour does your skin turn?** | | | | | | | | | | **Variable name** | |
|  |  | | | 1. Deep brown 2. Brown 3. Light brown 4. Never brown | | | | | | | G\_45 | |
| **46** | **On average, how many times a year over the past five years has your skin got so**  **burnt that it became irritated, blistered and flaked off?** | | | | | | | | | | **Variable name** | |
|  |  | | | 1. Never 2. No more than once a year 3. 2-3 times a year 4. 4-5 times a year 5. 6 times or more a year | | | | | | | G\_46 | |
| **47** | **On average, how many weeks a year have you spent on holiday in a sunny**  **climate (e.g. the Mediterranean) during the past five years?** | | | | | | | | | | **Variable name** | |
|  |  | | | 1. None 2. 1 week per year 3. 2-3 weeks per year 4. 4-6 weeks per year 5. 7 weeks or more per year | | | | | | | G\_47 | |
| **48** | **On average, how often have you used a solarium during the past five years?** | | | | | | | | | | **Variable name** | |
|  |  | | | 1. Never 2. Less than once a month 3. Once a month 4. Twice a month 5. 3-4 times a month | | | | | | | G\_48 | |
| **49** | **When you are outside on a sunny day during the summer in Norway, do you apply**  **sun cream?** | | | | | | | | | | **Variable name** | |
|  |  | | | 1. No, never 2. Yes, occasionally 3. Yes, often 4. Yes, always | | | | | | | G\_49 | |
| **50** | **When you are outside on a sunny day on holiday in a sunny climate (e.g. the Mediterranean), do you apply sun cream?** | | | | | | | | | | **Variable name** | |
|  |  | | | 1. No, never 2. Yes, occasionally 3. Yes, often 4. Yes, always | | | | | | | G\_50 | |
| **Q** |  | | | | | **Response options** | | | | | **Variable name** | |
| **51** | **Do you agree or disagree with the following statements?** | | | | | | | | | | | |
|  | In most ways my life is close to my ideal | | | | | 1. Disagree completely 2. Disagree 3. Disagree somewhat 4. Don’t agree or disagree 5. Agree somewhat 6. Agree 7. Agree completely | | | | | G\_51\_1 | |
|  | The conditions of my life are excellent | | | | | G\_51\_2 | |
|  | I am satisfied with my life | | | | | G\_51\_3 | |
|  | So far I have gotten the important things I want in life | | | | | G\_51\_4 | |
|  | If I could live my life over, I would change almost nothing | | | | | G\_51\_5 | |
| **52** | **Have you been bothered by any of the following feelings during the past two**  **weeks?** | | | | | | | | | | **Variable name** | |
|  | Feeling fearful | | | | | 1. Not bothered 2. A little bothered 3. Quite bothered 4. Very bothered | | | | | G\_52\_1 | |
|  | Nervousness or shakiness inside | | | | | G\_52\_2 | |
|  | Feeling hopeless about the future | | | | | G\_52\_3 | |
|  | Feeling blue | | | | | G\_52\_4 | |
|  | Worrying too much about things | | | | | G\_52\_5 | |
|  | Feeling everything is an effort | | | | | G\_52\_6 | |
|  | Feel tense or keyed up | | | | | G\_52\_7 | |
|  | Suddenly scared for no reason | | | | | G\_52\_8 | |
|  | Feeling low in energy, slowed down | | | | | G\_52\_9 | |
|  | Crying easily | | | | | G\_5210 | |
|  | Feeling of being useless | | | | | G\_5211 | |
|  | Blaming yourself for things | | | | | G\_5212 | |
| **53** | **How much have the following problems affected you during the past week?** | | | | | | | | | | **Variable name** | |
|  | Fear of embarrassment cause me to avoid doing things or speaking to people | | | | | 1. Not at all 2. A little 3. To some extent 4. Quite a lot 5. A lot | | | | | G\_53\_1 | |
|  | I avoid activities in which I am the centre of attention | | | | | G\_53\_2 | |
|  | Being embarrassed or looking stupid are among my worst fears | | | | | G\_53\_3 | |
| **54** | **Have you had any suicidal thoughts?** | | | | | | | | | | **Variable name** | |
|  |  | | | | | 1. No 2. Yes | | | | | G\_54 | |
| **55** | **Have you ever tried to commit suicide?** | | | | | | | | | | | |
|  |  | | | | | 1. No 2. Yes | | | | | G\_55 | |
| **56** | **The thoughts and feelings described here may seem unique to you, but they are more common than you might think. Does any of this apply to you?** | | | | | | | | | | **Variable name** | |
|  |  | | 1. How often  have you been having these feelings or  thoughts? | | | | | 2. If you have  experienced this, how affected are you by the  experience? | | |  | |
|  | Have you ever felt that what is printed in magazines and newspapers or said on TV specifically applies to you? | | 1. Never 2. Occasionall y 3. Often 4. Almost constantly | | | | | 1. Not at all 2. A little 3. Quite a lot 4. A lot | | | 1. G\_56\_1\_1  2. G\_56\_1\_2 | |
|  | Have you ever felt that someone is stalking you in some way? | | 1. G\_56\_2\_1  2. G\_56\_2\_2 | |
|  | Have you ever felt that other people are conspiring against you? | | 1. G\_56\_3\_1  2. G\_56\_3\_2 | |
|  | Have you ever felt that electrical appliances,  such as PCs, can affect your thoughts? | | 1. G\_56\_4\_1  2. G\_56\_4\_2 | |
|  | Have you ever felt that the thoughts in your head is not your own? | | 1. G\_56\_5\_1  2. G\_56\_5\_2 | |
|  | Have your thoughts sometimes been so vivid  that you have been worried other people might hear them? | | 1. G\_56\_6\_1  2. G\_56\_6\_2 | |
|  | Have you ever felt that there is another force outside of you who is in control of you? | | 1. G\_56\_7\_1  2. G\_56\_7\_2 | |
|  | Have you ever heard voices when you were completely alone (not radio or TV)? | | 1. G\_56\_8\_1  2. G\_56\_8\_2 | |
|  | Have you ever seen objects, people or animals that no one else can see? | | 1. G\_56\_9\_1  2. G\_56\_9\_2 | |
| **Q** |  | | | | | **Response options** | | | | | **Variable name** | |
| **57** | **Have you experienced any of the following during the past 10 years?** | | | | | | | | | | | |
|  | Problems at work or study place | | | | | 1. No 2. Last 12 months 3. Yes, earlier | | | | | G\_57\_1 | |
|  | Lost my job | | | | | G\_57\_2 | |
|  | Financial problems | | | | | G\_57\_3 | |
|  | Major conflicts in a relationship | | | | | G\_57\_4 | |
|  | Got divorced, separated or ended a relationship | | | | | G\_57\_5 | |
|  | Problems or major conflicts with family, friends or neighbours | | | | | G\_57\_6 | |
|  | Been seriously ill or injured | | | | | G\_57\_7 | |
|  | Close friend or relative has been seriously ill or injured | | | | | G\_57\_8 | |
|  | Involved in a serious accident, fire or robbery | | | | | G\_57\_9 | |
|  | Been the victim of physical violence | | | | | G\_5710 | |
|  | Been the victim of sexual abuse | | | | | G\_5711 | |
|  | Lost someone close to you | | | | | G\_5712 | |
|  | Other serious events/experiences | | | | | G\_5713 | |
| **Q** |  | | | | | **Response options** | | | | | **Variable name** | |
| **58** | **How often …** | | | | | | | | | | | |
|  | … do you find it difficult to get to sleep at night? | | | | | Days a week   1. Never 2. Less than 1   3. 1  4. 2  5. 3  6. 4 or more | | | | | G\_58\_1 | |
|  | … have you woken up repeatedly during the night? | | | | | G\_58\_2 | |
|  | … do you feel tired or sleepy during the day? | | | | | G\_58\_3 | |
|  | If you have any of these sleep disorders, how long have you suffered from them? | | | | | 1. Less than 1 month 2. 1-3 months 3. 3-6 months 4. 6-12 months 5. 1-3 years 6. More than 3 years | | | | | G\_58\_4 | |
| **Q** |  | | | | **Response options** | | | | | | **Variable name** | |
| **59** | **Do you have anyone other than your spouse/partner you can ask for advice in a difficult situation?** | | | | | | | | | | | |
|  |  | | | | 1. No 2. Yes, 1-2 people 3. Yes, more than 2 people | | | | | | G\_59 | |
| **60** | **How often do you meet or talk on the phone with your family (except the people you live with) or close friends?** | | | | | | | | | | **Variable name** | |
|  |  | | | | | 1. Several times a week 2. 1-4 times a month 3. Less often | | | | | G\_60 | |
| **Q** |  | | | | | **Response options** | | | | | **Variable name** | |
| **61** | **How much do you agree with these descriptions of your relationship with your current spouse/partner?** | | | | | | | | | | | |
|  | 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 | | | | | G\_61\_1 | |
|  | I am very happy with our relationship | | | | | G\_61\_2 | |
|  | My partner is generally understanding | | | | | G\_61\_3 | |
|  | I am satisfied with my relationship with my partner | | | | | G\_61\_4 | |
|  | We agree on how our child should be raised | | | | | G\_61\_5 | |
| **Q** |  | | | | **Response options** | | | | | | **Variable name** | |
| **62** | **Marital status?** | | | | | | | | | | | |
|  |  | | | | 1. Married 2. Cohabitant 3. Seperated 4. Divorced 5. Single 6. Widower | | | | | | G\_62 | |
| **63** | **Who do you share your household with?** (insert one or more crosses) | | | | | | | | | | **Variable name** | |
|  |  | | | | | Spouse | | | | | G\_63\_1 | |
|  |  | | | | | Partner | | | | | G\_63\_2 | |
|  |  | | | | | Own children | | | | | G\_63\_3 | |
|  |  | | | | | Other people’s children | | | | | G\_63\_4 | |
|  |  | | | | | Other | | | | | G\_63\_5 | |
|  |  | | | | | No one else | | | | | G\_63\_6 | |
| **64** | **In total, how many children (under 20 years of age) live in your household?** | | | | | | | | | | **Variable name** | |
|  | Number of | | | | |  | | | | | G\_64\_G | |
| **65** | **What level of education do you have?** | | | | | | | | | |  | |
|  |  | | | | | 1. Primary and lower secondary school 2. Upper secondary 3. Vocational training 4. 3-year advanced general studies, academic, college/upper secondary school 5. University college or university up to four years (cand.mag., bachelor, nurse, teacher, engineer) 6. University college or university more than four years (Major, master’s degree) 7. Other education | | | | | G\_65\_1 | |
| **66** | **What was your gross annual income (before tax) during the past year?** | | | | | | | | | | **Variable name** | |
|  |  | | | | | 1. Less than NOK 200,000 | | | | | G\_66 | |
| 2. NOK 200,000-299,999 | | | | |  | |
| 3. NOK 300,000-399,999 | | | | |  | |
| 4. NOK 400,000-499,999 | | | | |  | |
| 5. NOK 500,000-749,999 | | | | |  | |
| 6. NOK 750,000-999,999 | | | | |  | |
| 7. NOK 1,000,000 and above | | | | |  | |
| **67** | **What is your work situation now?** | | | | | | | | | | **Variable name** | |
|  |  | | | | | Student | | | | | G\_67\_1 | |
|  |  | | | | | At home | | | | | G\_67\_2 | |
|  |  | | | | | Jobseeker/laid-off | | | | | G\_67\_3 | |
|  |  | | | | | Rehabilitation/disabled | | | | | G\_67\_4 | |
|  |  | | | | | Employed in public sector | | | | | G\_67\_5 | |
|  |  | | | | | Employed in private sector | | | | | G\_67\_6 | |
|  |  | | | | | Self-employed | | | | | G\_67\_7 | |
|  |  | | | | | Family member without steady income in family company (ex. farming, business) | | | | | G\_67\_8 | |
|  |  | | | | | Other | | | | | G\_67\_9 | |
| **Q** |  | | | | **Response options** | | | | | | **Variable name** | |
| **68** | **Describe the business at your place of work/service as accurately as possible?** | | | | | | | | | | | |
|  |  | | | |  | | | | | |  | |
| **69** | **Job title at this workplace** | | | | | | | | | | | |
|  |  | | | | |  | | | | |  | |
| **70** | **If you are in paid work, how many hours do you work in a normal week?** | | | | | | | | | | **Variable name** | |
|  |  | | | | | 1. 1-15 | | | | | G\_70 | |
| 2. 16-25 | | | | |  | |
| 3. 26-35 | | | | |  | |
| 4. 36-40 | | | | |  | |
| 5. 41-50 | | | | |  | |
| 6. 51-60 | | | | |  | |
| 7. More than 60 hours | | | | |  | |
| **71** | **If you are in paid work or unpaid work, how would you describe your work?** | | | | | | | | | | **Variable name** | |
|  |  | | | | | 1. Mostly sedentary work (e-g. desk work, assembly) 2. Work that requires you to walk a lot (e.g. sales work, light industrial work, teaching) 3. Work where you walk and lift a lot (e.g. postman, nurse, construction worker) 4. Strenuous physical work (e.g. forestry, demanding agricultural work, heavy   construction work) | | | | | G\_71 | |
| **72** | **In the last 12 months, have you been on sick leave?** | | | | | | | | | | **Variable name** | |
|  | Without medical certificate (self-notification) | | | | | 1. No 2. Yes | | | | | G\_72\_1 | |
|  | With medical certificate from doctor | | | | | G\_72\_2 | |
| **73** | **If yes, how long in total?** | | | | | | | | | | **Variable name** | |
|  |  | | | | | 1. Less than 1 week 2. 1-2 weeks 3. 3-8 weeks 4. More than 8 weeks | | | | | G\_73 | |
| **Q** |  | | | | **Response options** | | | | | | **Variable name** | |
| **74** | **Do you live with the child’s mother?** | | | | | | | | | | | |
|  |  | | | | 1. Yes (please go to question 76) 2. No, we separated in (year) 3. No, we have never lived together 4. She is no longer alive (please go to question 77) | | | | | | 1, 3: G\_74\_1  2: G\_74\_3  4: G\_74\_2 | |
| **75** | **How often do you communicate with the child’s mother (in person, telephone, text,**  **social media, etc.)?** | | | | | | | | | | **Variable name** | |
|  |  | | | | | 1. Rarely/never 2. Monthly 3. Weekly 4. Daily/almost daily | | | | | G\_75 | |
| **76** | **How often would you say that you and your child’s mother…** | | | | | | | | | | **Variable name** | |
|  | … have unpleasant conversations? | | | | | 1. Never 2. Less than monthly 3. Monthly 4. Weekly 5. Daily/almost daily | | | | | G\_76\_1 | |
|  | … argue? | | | | | G\_76\_2 | |
|  | … are angry with each other? | | | | | G\_76\_3 | |
| **Q** |  | | | | | **Response options** | | | | | **Variable name** | |
| **77** | **How do you feel about the relationship between you and your child at the present time? Insert a cross for the statement that best applies to you** (Insert one cross for each line) | | | | | | | | | | | |
|  | I share an affectionate, warm relationship with my child | | | | | 1. Definitely does not apply 2. Not really 3. Neutral, not sure 4. Applies somewhat 5. Definitly applies | | | | | G\_77\_1 | |
|  | My child and I always seem to be struggling with each other | | | | | G\_77\_2 | |
|  | If upset, my child will seek comfort from me | | | | | G\_77\_3 | |
|  | My child is uncomfortable with physical affection or touch from me | | | | | G\_77\_4 | |
|  | My child values his/her relationship with me | | | | | G\_77\_5 | |
|  | When I praise my child, he/she beams with pride | | | | | G\_77\_6 | |
|  | My child spontaneously shares information about himself/herself | | | | | G\_77\_7 | |
|  | My child easily becomes angry at me | | | | | G\_77\_8 | |
|  | It is easy to be in tune with what my child is feeling | | | | | G\_77\_9 | |
|  | My child remains angry or is resistant after being disciplined | | | | | G\_7710 | |
|  | Dealing with my child drains my energy | | | | | G\_7711 | |
|  | When my child is in a bad mood, I know we're in for a long and difficult day | | | | | G\_7712 | |
|  | My child's feelings toward me can be unpredictable or can change suddenly | | | | | G\_7713 | |
|  | My child openly shares his/her feelings and experiences with me | | | | | G\_7714 | |
|  | I have enough free time to be with my child | | | | | G\_7715 | |
| **78** | **On average, approximately how often do you do the following with your child?** | | | | | | | | | | **Variable name** | |
|  | Eat your evening meal with your child | | | | | 1. Less than once a month 2. 1-3 times a month 3. 1-2 times a week 4. 3-4 times a week 5. 5 times a week or more | | | | | G\_78\_1 | |
|  | Have intimate conversations with your child | | | | | G\_78\_2 | |
|  | Are available for your child in the evenings | | | | | G\_78\_3 | |
|  | Watch TV or relax with your child | | | | | G\_78\_4 | |
|  | Take part in sports, go for a walk or participate in other outdoor activities with your child | | | | | G\_78\_5 | |
|  | Take part in other activities together *(e.g. reading*  *out loud, cooking, playing games)* | | | | | G\_78\_6 | |
| **79** | **How often would you say that you and your child…** | | | | | | | | | | **Variable name** | |
|  | **... have unpleasant conversations?** | | | | | 1. Never 2. Less than once a month 3. Once a month 4. Once a week 5. Daily/almost daily | | | | | G\_79\_1 | |
|  | **... argue?** | | | | | G\_79\_2 | |
|  | **... are angry with each other?** | | | | | G\_79\_3 | |
| **80** | **How much of the time does your child live with you?** (If you do not live with your  child’s mother) | | | | | | | | | | **Variable name** | |
|  | My child lives with me days a month | | | | |  | | | | | G\_80 | |
| **Q** |  | | | | | **Response options** | | | | | **Variable name** | |
| **81** | **If you have any comments or anything else you would like to add, please use this space:** | | | | | | | | | | | |
|  |  | | | | |  | | | | |  | |