

den norske Mor & barn undersøkelsen

Questionnaire FATHER

This questionnaire will be processed by a computer. It is therefore important that you follow these instructions:

- Please use a blue or black ballpoint pen
- Put a cross in the box that is most relevant like this: ☒
- Should you put a cross in the wrong box correct it by filling in the box completely like this: ☐
- In the large green boxes write a number or a capital letter

It is important that you only write in the white area of each box like this:

Number:

0	1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---	---

 Letter:

A	B	C	D
---	---	---	---

- Datobokser er delt opp i tre deler, den første for dag i måned, den neste for månedstallet og den siste for årstallet slik at datoen skal skrives slik:

0	6
---	---

0	5
---	---

2	0	0	5
---	---	---	---

day month year

- When filling in a single figure in boxes containing two or more squares, please use the square to the right. Example:

0	5
---	---
- Specific information concerning, for example, medication or profession should be written in the boxes or on the lines provided. Please write clearly in CAPITAL LETTERS.

Please return the completed questionnaire in the stamped addressed envelope provided.

Thank you in advance

Give the date you filled in the questionnaire

FF9

day

FF10

month

FF11	
------	--

year

(Write the year with 4 digits, e.g. 2005)

1. Date of birth?

FF12

FF13

	FF14	
--	------	--

day month year

2. Marital status?

FF15

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> Married | <input type="checkbox"/> Divorced/separated |
| <input type="checkbox"/> Co-habiting | <input type="checkbox"/> Widower |
| <input type="checkbox"/> Single | <input type="checkbox"/> Other |

3. How tall are you?

FF333

 cm

4. What weight are you?

FF334	,
-------	---

 kg

5. What is the heaviest you have weighed since you ? were 18 years old

FF335		,	
-------	--	---	--

 kg

6. What is the lightest you have weighed since you ? were 18 years old

FF336		,	
-------	--	---	--

 kg

7. Have you ever dieted or limited your food intake?

☐ No ☐ Yes

FF337

8. If yes, how old were you the first time you dieted or limited your food intake?

FF338

 years

9. Are you the type of person who can eat as much as you want without gaining weight?

☐ No ☐ Yes

FF339

Education and work

10. What level of education do you have?

(only tick for the highest level of education you have completed and any ongoing education you are taking.)

Education

	Completed	Ongoing
Secondary education	<input type="checkbox"/> FF16	<input type="checkbox"/> FF17
Further education 1-2 years	<input type="checkbox"/>	<input type="checkbox"/>
Further education - vocational	<input type="checkbox"/>	<input type="checkbox"/>
Further education 3 years – (general studies, sixth form)	<input type="checkbox"/>	<input type="checkbox"/>
Higher Education (university/college), up to and including 4 years	<input type="checkbox"/>	<input type="checkbox"/>
Higher Education (university/college), over 4 years	<input type="checkbox"/>	<input type="checkbox"/>
Other education	<input type="checkbox"/> FF18	<input type="checkbox"/> FF19

11. What is your work situation now? (tick all that apply.)

- | | |
|--|--|
| 1. <input type="checkbox"/> FF20 Pupil/student | 7. <input type="checkbox"/> FF26 Employed in public sector |
| 2. <input type="checkbox"/> FF21 At home | 8. <input type="checkbox"/> FF27 Employed in private sector |
| 3. <input type="checkbox"/> FF22 Intern/apprentice | 9. <input type="checkbox"/> FF28 Self-employed |
| 4. <input type="checkbox"/> FF23 Military service | 10. <input type="checkbox"/> FF29 Family member without steady income in family company (e.g. Farming, business) |
| 5. <input type="checkbox"/> FF24 Unemployed/laid off | |
| 6. <input type="checkbox"/> FF25 Rehabilitation/disabled | 11. <input type="checkbox"/> FF30 Other <input type="checkbox"/> FF31 <input type="checkbox"/> FF305 |

12. Describe the business at your place of work/service as accurately as possible.

(e.g. farming of grain and pigs, body shop at garage for diesel cars, insurance company, college).

☐ FF32 ☐ FF306

13. Job title at this workplace?

(e.g. panel beater, foreman, lecturer, student, cleaning assistant, farmer, homemaker/at home).

☐ FF33 ☐ FF307

14. How many hours of paid labour do you do per week?

☐ FF340 hours

15. What was your gross income (before tax) last year?

(Incl. child benefit, unemployment benefit, cash support etc)

- | | | |
|-----------------------------|---------------------|--------------------------------|
| 1. <input type="checkbox"/> | No income | <input type="checkbox"/> FF341 |
| 2. <input type="checkbox"/> | Under 150.000 kr. | |
| 3. <input type="checkbox"/> | 150.000–199.999 kr. | |
| 4. <input type="checkbox"/> | 200.000–299.999 kr. | |
| 5. <input type="checkbox"/> | 300.000–399.999 kr. | |
| 6. <input type="checkbox"/> | 400.000–499.999 kr. | |
| 7. <input type="checkbox"/> | Over 500.000 kr | |

16. In the last 12 months have you been on sick leave?

No Yes

Without medical certificate (self-notification) ☐ FF342

With medical certificate from doctor ☐ FF343

17. If yes, how long in total? ☐ FF344

Less than 1 week	1-2 weeks	2-8 weeks	More than 8 weeks
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

18. Are you currently receiving any of the following benefits?

If yes, from when?

	No	Yes	Month	Year
Sick pay/rehabilitation money	<input type="checkbox"/> FF345	<input type="checkbox"/> FF346	<input type="checkbox"/> FF347	
Benefits for vocational rehabilitation	<input type="checkbox"/> FF348	<input type="checkbox"/> FF349	<input type="checkbox"/> FF350	
Disability pension/limited disability pension	<input type="checkbox"/> FF351	<input type="checkbox"/> FF352	<input type="checkbox"/> FF353	
Social security payments	<input type="checkbox"/> FF354	<input type="checkbox"/> FF355	<input type="checkbox"/> FF356	
Unemployment benefit	<input type="checkbox"/> FF357	<input type="checkbox"/> FF358	<input type="checkbox"/> FF359	
Other benefits	<input type="checkbox"/> FF360	<input type="checkbox"/> FF361	<input type="checkbox"/> FF362	

19. Could you/your household cover an unexpected expense of 10,000 kroner in the course of a month without having to take out a loan or ask for financial help?

(including use of saved funds)

- ☐ No ☐ FF363
- ☐ Yes
- ☐ Don't know

20. Have you been exposed to any of the following in the six months before your partner became pregnant?
(during work and leisure) (Tick every line)

Chemicals, gases etc	No	Yes	If yes, no. of days (daily = 180 days)	Tick if you have used extractor fan or breathing protection	Tick if you have used protective gloves
1. Lead vapours, lead dust, lead particles or lead alloys	FF34 <input type="checkbox"/>	<input type="checkbox"/>	FF35	FF36	FF37
2. Chromium, arsenic, cadmium or combinations of these	FF38 <input type="checkbox"/>	<input type="checkbox"/>	FF39	FF40	FF41
3. Petrol/gasoline or exhaust fumes (not including filling your own car)	FF42 <input type="checkbox"/>	<input type="checkbox"/>	FF43	FF44	FF45
4. Mercury vapours, mercury or work with amalgam-fillings (not including treatment as a patient)	FF46 <input type="checkbox"/>	<input type="checkbox"/>	FF47	FF48	FF49
5. Disinfectants, vermin poison	FF50 <input type="checkbox"/>	<input type="checkbox"/>	FF51	FF52	FF53
6. Plant care substances (weedkiller, insecticides fungicides, rodent poison)	FF54 <input type="checkbox"/>	<input type="checkbox"/>	FF55	FF56	FF57
7. Oil-based paint	FF58 <input type="checkbox"/>	<input type="checkbox"/>	FF59	FF60	FF61
8. Water-based or latex paint	FF62 <input type="checkbox"/>	<input type="checkbox"/>	FF63	FF64	FF65
9. Paint thinner, paint-, varnish/lacquer- or glue-remover or other solvents (e.g. Lynol®, white spirit, toluene, carbon tetrachloride)	FF66 <input type="checkbox"/>	<input type="checkbox"/>	FF67	FF68	FF69
10. Industrial dyes or inks	FF70 <input type="checkbox"/>	<input type="checkbox"/>	FF71	FF72	FF73
11. Motor oil, lubricating oil or other types of oil	FF74 <input type="checkbox"/>	<input type="checkbox"/>	FF75	FF76	FF77
12. Photographic chemicals (fixatives or developers)	FF78 <input type="checkbox"/>	<input type="checkbox"/>	FF79	FF80	FF81
13. Substances used in welding	FF82 <input type="checkbox"/>	<input type="checkbox"/>	FF83	FF84	FF85
14. Substances used in soldering	FF86 <input type="checkbox"/>	<input type="checkbox"/>	FF87	FF88	FF89
15. Formalin/formaldehyde	FF90 <input type="checkbox"/>	<input type="checkbox"/>	FF91	FF92	FF93
16. Chemotherapy substances/ treatments (not including your own medical treatment)	FF94 <input type="checkbox"/>	<input type="checkbox"/>	FF95	FF96	FF97
17. Chemotherapy (taken in treatment as a patient)	FF364 <input type="checkbox"/>	<input type="checkbox"/>	FF365	FF366	FF367
18. Nitrous oxide (laughing gas) or other anaesthetic gases (not including your own medical treatment)	FF98 <input type="checkbox"/>	<input type="checkbox"/>	FF99	FF100	FF101
19. Other substances and conditions, describe: FF106 FF308	FF102 <input type="checkbox"/>	<input type="checkbox"/>	FF103	FF104	FF105

21. How often have you worked with radio transmitters or radar in the last six months before your partner became pregnant?

- ☐ Seldom/never FF110
- ☐ Few times per week
- ☐ Daily
- ☐ On average more than 1 hour per day

22. How often have you worked with X-ray equipment in the last six months (less than 2 metre's distance) before your partner became pregnant?

- (Not including treatment as a patient) FF112
- ☐ Seldom/never
- ☐ Few times per week
- ☐ Daily
- ☐ On average more than 1 hour per day

23. Do you use a mobile phone? ☐ Nei ☐ Ja

FF369

24. If yes, how old were you when you got your first mobile phone?

FF370

years

25. Do you use "hands-free"?

☐ Seldom/never FF371

☐ Only for longer conversations

☐ As a rule

26. If/when you use "hands-free", where is the phone usually during the conversation?

☐ In front trouser pocket FF372

☐ On a belt in front of the body

☐ Other places on the body

☐ Away from the body

27. How often did you talk on a mobile phone in the six months before your partner became pregnant?

☐ Less than once a week

☐ 1-2 times per week FF552

☐ 3-6 times per week

☐ 1-4 times per day

☐ More than 5 times per day

28. How long on average do you talk in total on the days you use your mobile phone?

☐ Less than 1 minute FF373

☐ 1-10 minutes

☐ 11-30 minutes

☐ 31-60 minutes

☐ More than 60 minutes

29. How often did you work with a computer, laser printer or copying machine (at a distance of less than two meters) in the six months before your partner became pregnant? (tick every line)

		Seldom/never	Few times per week	Daily	On average more than 1 hour per day
1. Computer screen	FF113	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Laser printer	FF114	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Copying machine	FF115	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Illnesses and health problems

30. Do you have, or have you had any of the following illnesses or health problems?

	If yes, tick	If yes, do you remember how old you were at the first sign of illness/ problem?	If you became well or the problem stopped, at what age did this happen?
1. Hay fever, pollen allergy	FF116	FF117 years	FF118 years
2. Urticaria (hives)	FF119	FF120 years	FF121 years
3. Asthma	FF122	FF123 years	FF124 years
4. Atopic dermatitis (childhood eczema)	FF125	FF126 years	FF127 years
5. Psoriasis	FF128	FF129 years	FF130 years
6. Other eczema/skin problem	FF131	FF132 years	FF133 years
7. Chlamydia	FF374	FF375 years	FF376 years
8. Herpes	FF377	FF378 years	FF379 years

Question continues next page

	If yes, tick	If yes, do you remember how old you were at the first sign of illness/ problem?	If you became well or the problem stopped, at what age did this happen?
9. Genital warts	FF380	<div>FF381</div> years	<div>FF382</div> years
10. Gonorrhea	FF383	<div>FF384</div> years	<div>FF385</div> years
11. Migraine	FF134	<div>FF135</div> years	<div>FF136</div> years
12. Other frequent headaches	FF137	<div>FF138</div> years	<div>FF139</div> years
13. Constant aches or discomfort in the upper abdomen	FF140	<div>FF141</div> years	<div>FF142</div> years
14. Crohn's disease/ulcerative colitis (diarrhea, constipation intermittent pain	FF143	<div>FF144</div> years	<div>FF145</div> years
15. Sleep problems	FF146	<div>FF147</div> years	<div>FF148</div> years
16. Diabetes	FF149	<div>FF150</div> years	<div>FF151</div> years
17. Cancer	FF152	<div>FF153</div> years	<div>FF154</div> years
18. Cardiovascular disease	FF155	<div>FF156</div> years	<div>FF157</div> years
19. Epilepsy	FF158	<div>FF159</div> years	<div>FF160</div> years
20. Repeated neck and shoulder pain	FF161	<div>FF162</div> years	<div>FF163</div> years
21. Lower back pain	FF164	<div>FF165</div> years	<div>FF166</div> years
22. Prolonged muscle pain	FF167	<div>FF168</div> years	<div>FF169</div> years
23. Bechterew's disease/rheumatoid arthritis	FF170	<div>FF171</div> years	<div>FF172</div> years
24. High blood pressure	FF173	<div>FF174</div> years	<div>FF175</div> years
25. ADHD	FF386	<div>FF387</div> years	<div>FF388</div> years
26. Anorexia/bulimia/eating disorders	FF389	<div>FF390</div> years	<div>FF391</div> years
27. Manic depressive illness	FF392	<div>FF393</div> years	<div>FF394</div> years
28. Schizophrenia	FF395	<div>FF396</div> years	<div>FF397</div> years
29. Other long-term mental illnesses or health problems	FF398	<div>FF399</div> years	<div>FF400</div> years
30. Other long-term physical illnesses or health problems ...	FF179	<div>FF180</div> years	<div>FF181</div> years

If other long-term illnesses, please describe:

FF182 FF309

31. Do you have a congenital malformation/birth defect? ☐ No ☐ Yes

32. If yes, which?

33. Did you use medicines in the six months before your partner became pregnant? ☐ No ☐ Yes

34. If yes, please give the name of the medicine(s)

Name of medicine (e.g. Valium, Rohypnol, Paracetamol)

How long did you use the medicine?

			Less than 1 week	1 week – 1 month	More than 1 month
<input type="text" value="FF310"/>	<input type="text" value="FF310_K"/>	<input type="text" value="FF184"/>	<input type="checkbox"/>	<input type="text" value="FF185"/>	<input type="checkbox"/>
<input type="text" value="FF311"/>	<input type="text" value="FF311_K"/>	<input type="text" value="FF186"/>	<input type="checkbox"/>	<input type="text" value="FF187"/>	<input type="checkbox"/>
<input type="text" value="FF312"/>	<input type="text" value="FF312_K"/>	<input type="text" value="FF188"/>	<input type="checkbox"/>	<input type="text" value="FF189"/>	<input type="checkbox"/>
<input type="text" value="FF313"/>	<input type="text" value="FF313_K"/>	<input type="text" value="FF190"/>	<input type="checkbox"/>	<input type="text" value="FF191"/>	<input type="checkbox"/>

35. Did you have any X-rays taken in the six months before your partner became pregnant? ☐ No ☐ Yes

36. If yes, what were the X-rays taken of, and how many times?

Teeth times Pelvis/stomach/back times Other times

Lungs times Arms and legs times

37. How many children do you have from before?

38. How many of these are with your present partner?

Diet and eating habits

BREAD / CRISPBREAD / BISCUITS

39. How many slices of bread do you eat on average every day? ? (Combine all meals)

1. White bread (incl. bread rolls, baguettes, pitta, ciabatta and similar)

2. Medium coarse-grain bread (incl. rolls)

3. Coarse-grain bread

4. Crispbread/biscuits

40. Do you use butter, margarine or oil on bread?

- ☐ No, almost never
- ☐ Yes, sometimes
- ☐ Yes, daily

41. How often do you add these to bread? (Tick per line)

		Seldom/ never	1-2 times per week	3-4 times per week	5-7 times per week	Several times per day
1. Reduced fat cheese	FF408	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Regular cheese (yellow/brown)	FF409	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Prawns/Italian salad or similar	FF410	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Lean meat	FF411	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Servelat sausage, salami or similar	FF412	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Liver pate or similar	FF413	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Fish	FF414	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Preserves (jam/jelly), other sweet spreads	FF415	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Egg (boiled, fried, scrambled)	FF416	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DRINK

42. How often do you drink the following? (Tick each line)

		Seldom/ never	1-6 glass per week	1 glass per day	2-3 glass per day	4 glass or more per day
1. Whole milk, buttermilk, yoghurt	FF417	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Low-fat and skimmed milk	FF418	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Fruit juice	FF419	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Coca Cola/Pepsi with sugar	FF420	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Coca Cola/Pepsi sugar-free	FF421	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Other sugar-free fizzy drinks	FF422	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Energy drinks, Battery or similar	FF423	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Filter- and instant coffee	FF424	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Boiled/Cafetiere coffee	FF425	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Other coffee, espresso or similar	FF426	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Tea	FF427	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DINNER

43. How often do you eat these meals? (Tick each line)

		Seldom/ never	1-2 times per month	3-4 times per month	2-3 times per week	4 times or more per week
1. Sausages, hamburger	FF428	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Kebab	FF429	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Pizza	FF430	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Meals with minced meat	FF431	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Pure meat	FF432	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Chicken/turkey	FF433	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Lean fish (cod, pollock, haddock etc.)	FF434	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Fatty fish (trout, salmon, mackerel, herring)	FF435	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Fish balls/fish cakes	FF436	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Vegetarian meals	FF437	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Other	FF438	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

VEGETABLES / FRUIT

44. How often do you eat vegetables and fruit? (Tick per line)

		Seldom/ never	1-3 times per month	1-2 times per week	3-4 times per week	5 times or more per week
1. Raw vegetables/salads	FF439	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Cooked vegetables in stews	FF440	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Cooked vegetables	FF441	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Fruit	FF442	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EATING PATTERNS

45. How often do you eat food bought from these places? (Tick per line)

		Seldom/ never	1-3 times per month	1-4 times per week	5-7 times per week	Several times per day
1. Canteen/cafeteria/lunch bar	FF443	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Restaurant	FF444	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Kiosk/snack bar	FF445	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Petrol/gasoline station	FF446	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. McDonalds, Burger King etc.	FF447	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

46. How would you describe your diet?

1. I have a varied diet	FF448	<input type="checkbox"/>
2. I do not eat fish	FF449	<input type="checkbox"/>
3. I do not eat meat	FF450	<input type="checkbox"/>
4. I am a vegetarian	FF451	<input type="checkbox"/>

47. Do you use any form of dietary supplement? ☐ No ☐ Yes

48. If yes, which type? (Tick all that apply)

1. Multivitamin-/mineral supplement	FF453	<input type="checkbox"/>
2. Cod-liver oil/fish oil	FF454	<input type="checkbox"/>
3. Protein supplement	FF455	<input type="checkbox"/>

Lifestyle

49. Have you ever smoked?

FF214

- ☐ No (go to question 53)
☐ Yes

50. Did you smoke in the six months before your partner became pregnant?

FF215

- ☐ No
- ☐ Yes, sometimes ☐ Number cigarettes/week
- ☐ Yes, daily ☐ Number cigarettes/day

51. Do you smoke now after your partner became pregnant?

- ☐ No ☐ FF218
- ☐ Yes, sometimes ☐ Number cigarettes/week
- ☐ Ja, daglig ☐ Number cigarettes/day

52. If yes, where do you smoke?

- ☐ Only outside ☐ FF221
- ☐ Both inside and outside
- ☐ Only inside

53. Have you ever used smokeless/chewing tobacco ("snus")?

- ☐ No (go to question 57) FF456
- ☐ Yes

54. If yes, did you use smokeless /chewing tobacco in the six months before your partner became pregnant?

- ☐ No FF457
- ☐ Yes, daily
- ☐ Yes, many times per week, but not daily
- ☐ Less often than weekly

55. What type of smokeless/chewing tobacco do you usually use?

- ☐ Normal (loose) FF458
- ☐ Pouches
- ☐ Mini-pouches
- ☐ About the same of each type

56. How much smokeless /chewing tobacco do you use per week?

- FF459 FF460 Number of boxes
- ☐ Whole box
- ☐ Half box
- ☐ Quarter box
- ☐ Less than a quarter box

57. Have you ever used any of the following narcotic substances? (Tick for every line)

	Never	Earlier	Six months before your partner became pregnant	Now
Cannabis/hash	FF222	FF223	FF224	FF225
Ecstasy	FF226	FF227	FF228	FF229
Cocaine	FF230	FF231	FF232	FF233
Heroin	FF234	FF235	FF236	FF237
Amphetamine	FF553	FF554	FF555	FF556
Other, which: FF550 FF551	FF461	FF462	FF463	FF464

58. Have you ever drunk alcohol? FF242

- ☐ No (go to question 62)
- ☐ Yes

59. How often did you drink alcohol in the six months before your partner became pregnant and how often do you drink now that your partner is pregnant?

	Before	Now
Approximately 6-7 times per week	FF243	FF244
Approximately 4-5 times per week	<input type="checkbox"/>	<input type="checkbox"/>
Approximately 2-3 times per week	<input type="checkbox"/>	<input type="checkbox"/>
Approximately once per week	<input type="checkbox"/>	<input type="checkbox"/>
Approximately 1-3 times per month	<input type="checkbox"/>	<input type="checkbox"/>
Less than once per month	<input type="checkbox"/>	<input type="checkbox"/>
Never	<input type="checkbox"/>	<input type="checkbox"/>

Units of alcohol

To compare different types of alcohol, we ask about what we call alcohol units (= 1,5 cl pure alcohol).
An alcohol unit corresponds to:

- 1 bottle alcopop/cider
- 1 glass (1/3 litre) beer
- 1 wine glass red wine or white wine
- 1 sherry glass of sherry or other fortified wine
- 1 glass with a single measure of spirit or liquor

60. How many alcohol units did you normally drink in the six months before your partner became pregnant and how many alcohol units now that your partner is pregnant?

(Tick both boxes for weekends and everyday, total 4 ticks)
(see the explanation of alcohol units on this page)

	Before		Now	
	Week-end	Every-day	Week-end	Every-day
10 or more	FF465	FF466	FF467	FF468
7-9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5-6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3-4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1-2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fewer than 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

61. Have you drunk 5 alcohol units or more on at least one occasion in the six months before your partner became pregnant or now after your partner became pregnant?

	Before	Now
Several times per week	FF473	FF474
Once per week	<input type="checkbox"/>	<input type="checkbox"/>
1-3 times per month	<input type="checkbox"/>	<input type="checkbox"/>
Less than once per month	<input type="checkbox"/>	<input type="checkbox"/>
Never	<input type="checkbox"/>	<input type="checkbox"/>

62. How often are you now so physically active that you become out of breath or sweat? (one tick for leisure time and one for work.)

	In leisure time	At work
Never.....	<input type="checkbox"/> FF246	<input type="checkbox"/> FF247
Less than once per week....	<input type="checkbox"/>	<input type="checkbox"/>
Once per week.....	<input type="checkbox"/>	<input type="checkbox"/>
2 – 3 times per week.....	<input type="checkbox"/>	<input type="checkbox"/>
4 – 6 times per week.....	<input type="checkbox"/>	<input type="checkbox"/>
Approximately every day.....	<input type="checkbox"/>	<input type="checkbox"/>

63. How has your physical activity in leisure time been in the last year? (Think of a weekly average for the year. Getting to work counts as leisure time. Answer both questions)

	Hours per week			
	None	Less than 1	1-2	3 or more
1. Light physical activity (not sweating/out of breath) <input type="checkbox"/> FF475 <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
2. Heavy physical activity (sweating/out of breath) <input type="checkbox"/> FF476 <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

64. Describe your exercise and physical exertion in your leisure time. If the activity varies a lot, e.g. between summer and winter, take an average. The question relates to the last year (tick the most appropriate box).

☐ FF477

Read, watch TV or other sedentary occupation? ☐

Walking, cycling or other motion, at least 4 hours per week?

(Here you should also include walking/cycling to work, Sunday walks etc) ☐

Take part in sports/athletics, heavy garden work etc at least 4 hours per week? ((Note that the activity should take at least 4 hours per week) ☐

Hard training or take part in competitive sport regularly and several times a week. ☐

65. Have you ever use any of the following substances? (Tick for every line.)

	Never	Previously	Six months before your partner became pregnant	Now
1. Anabolic steroids	<input type="checkbox"/> FF321	<input type="checkbox"/> FF322	<input type="checkbox"/> FF323	<input type="checkbox"/> FF324
2. Testosterone medications	<input type="checkbox"/> FF325	<input type="checkbox"/> FF326	<input type="checkbox"/> FF327	<input type="checkbox"/> FF328
3. Growth hormone (e.g.. Genotropin/Somatropin)	<input type="checkbox"/> FF329	<input type="checkbox"/> FF330	<input type="checkbox"/> FF331	<input type="checkbox"/> FF332

How are you now?

66. Have you been bothered by any of the following feelings during the past 2 weeks? (Enter a cross in a box for each item.)

		Not bothered	A little bothered	Quite bothered	Very bothered
1. Feeling fearful	<input type="checkbox"/> FF251	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Nervousness or shakiness inside	<input type="checkbox"/> FF252	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. feeling hopeless about the future	<input type="checkbox"/> FF253	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Feeling blue	<input type="checkbox"/> FF254	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Worrying too much about things	<input type="checkbox"/> FF255	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Feeling everything is an effort	<input type="checkbox"/> FF256	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Feeling tense or keyed up	<input type="checkbox"/> FF257	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Suddenly scared for no reason	<input type="checkbox"/> FF258	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

67. Have you ever experienced the following for a period of 2 weeks or more earlier in life? (Tick for each line)

		No	Yes
1. Felt depressed, sad	<input type="checkbox"/> FF259	<input type="checkbox"/>	<input type="checkbox"/>
2. Had problems with appetite or eaten too much	<input type="checkbox"/> FF260	<input type="checkbox"/>	<input type="checkbox"/>
3. Been bothered by feeling weak or lack of energy	<input type="checkbox"/> FF261	<input type="checkbox"/>	<input type="checkbox"/>
4. Really blamed yourself and felt worthless	<input type="checkbox"/> FF262	<input type="checkbox"/>	<input type="checkbox"/>
5. Had problems with concentration or had problems making decisions	<input type="checkbox"/> FF263	<input type="checkbox"/>	<input type="checkbox"/>
6. Had at least 3 of the problems named above simultaneously	<input type="checkbox"/> FF264	<input type="checkbox"/>	<input type="checkbox"/>

68. If you have had 3 or more of these problems at the same time:

How many times has it occurred?

times

How many weeks did the longest period last?

weeks

69. What kind of perception do you have of yourself? (Tick for each line.)

		Strongly agree	Agree	Disagree	Strongly disagree
1. I have a positive attitude towards myself	FF265	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I feel really useless at times	FF266	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I feel that I don't have much to be proud of	FF267	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I feel that I'm a valuable person, on an equal footing with anyone else, at any rate	FF268	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

70. Describe yourself as you usually are: (Tick for every line)

		Strongly disagree	Disagree somewhat	Neither Nor	Agree somewhat	Strongly agree
1. Liven up in a party	FF480	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Care little about others	FF481	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Am always well prepared	FF482	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Become easily stressed	FF483	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Have a rich vocabulary	FF484	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Do not say much	FF485	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Am interested in other people	FF486	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Leave things lying around	FF487	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Am usually relaxed	FF488	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Have problems understanding abstract ideas	FF489	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Feel at ease with other people	FF490	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Offend people	FF491	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Am attentive to detail	FF492	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Worry about many things	FF493	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Have a lively imagination	FF494	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Stay in the background	FF495	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Have empathy with other people	FF496	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Mess things up	FF497	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Rarely feel in low spirits	FF498	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Am not interested in abstract ideas	FF499	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Initiate conversations	FF500	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Am not interested in other peoples' problems	FF501	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Complete tasks at once	FF502	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Am easily interrupted	FF503	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Have excellent ideas	FF504	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Have little to say	FF505	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Am good-natured	FF506	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Often forget to put things back	FF507	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Become easily upset	FF508	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Do not have a good imagination	FF509	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

continues next page

		Strongly disagree	Disagree somewhat	Neither Nor	Agree somewhat	Strongly agree
31. Talk to many people at a party	FF510	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Am not interested in other people	FF511	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Like order and tidiness	FF512	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Lot of mood changes	FF513	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Am quick to understand things	FF514	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. Do not like to attract attention	FF515	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. Take time to help others	FF516	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. Shirk from responsibilities	FF517	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. Often have mood swings	FF518	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. Often use difficult words	FF519	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41. Have nothing against being the centre of attention	FF520	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42. Am sensitive to other peoples' feelings	FF521	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43. Perform according to plan	FF522	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44. Become easily irritated	FF523	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45. Use time to think things over	FF524	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46. Am quiet in company with strangers	FF525	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47. Put others at their ease	FF526	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48. Am thorough in my work	FF527	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49. Often feel down	FF528	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50. Am full of ideas	FF529	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

71. Do you agree or disagree with the following statements? (Tick only one box per line)

		Disagree completely	Disagree	Disagree somewhat	Neither Nor	Agree somewhat	Agree	Agree completely
1. My life is largely what I wanted it to be	FF269	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. My life is very good	FF270	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I am satisfied with my life	FF271	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. To date, I have achieved what is important for me in my life	FF272	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. If I could start all over, there is very little I would do differently	FF273	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

72. Feeling of anxiety and restlessness in the last six months. (Tick for every line)

		Never	Seldom	Sometimes	Often	Very often
1. How often do you have problems completing the final aspects of a task when the challenging part is already done?	FF535	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. How often do you have problems putting things in the right order when you are involved in tasks that require organisation?	FF536	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. When you have a task which requires a great deal of careful preparation, how often do you avoid or put off starting it?	FF537	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. How often do you have problems remembering appointments or duties?	FF538	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. When you have to sit still for a long time, how often do you move your hands and feet in an agitated and restless way?	FF539	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. How often do you feel hyperactive and obliged to do things, as if you are being driven by an machine?	FF540	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

73. Have you experienced any of the following during the last 12 months? (Tick for every line)

		No	Yes
1. Problems at work/study place	FF283	<input type="checkbox"/>	<input type="checkbox"/>
2. Financial problems	FF284	<input type="checkbox"/>	<input type="checkbox"/>
3. Got divorced, separated or ended a relationship	FF285	<input type="checkbox"/>	<input type="checkbox"/>
4. Problems or conflicts with family, friends or neighbours	FF286	<input type="checkbox"/>	<input type="checkbox"/>
5. Serious concerns that something is wrong with the baby we are expecting	FF544	<input type="checkbox"/>	<input type="checkbox"/>
6. Serious personal illness or injury	FF545	<input type="checkbox"/>	<input type="checkbox"/>
7. Close relative has been seriously ill or injured	FF546	<input type="checkbox"/>	<input type="checkbox"/>
8. Involved in a serious traffic accident, fire or robbery	FF547	<input type="checkbox"/>	<input type="checkbox"/>
9. Have lost someone close to me	FF288	<input type="checkbox"/>	<input type="checkbox"/>
10. Forced into sexual activity	FF548	<input type="checkbox"/>	<input type="checkbox"/>
11. Exposed to physical violence	FF549	<input type="checkbox"/>	<input type="checkbox"/>
12. Other, describe: _____	FF320 FF290 FF289	<input type="checkbox"/>	<input type="checkbox"/>

74. How much do you agree with these descriptions of your relationship with your wife/partner? (Tick one box in each line)

		Completely agree	Agree	Agree somewhat	Disagree somewhat	Disagree	Disagree completely
1. My partner and I have problems in our relationship	FF292	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I am very happy in my relationship	FF293	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. My partner is usually understanding	FF294	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I am satisfied with my relationship to my partner	FF296	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. We agree about how children should be raised	FF299	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

75. Do you have anyone other than your wife/partner you can ask for advice in a difficult situation?

- ☐ No FF541
☐ Yes 1-2 people
☐ Yes more than 2 people

76. How often do you meet or talk on the telephone with your family (other than your wife/partner and children) or close friends? FF542

- ☐ Once a month or less
☐ 2-8 times a month
☐ More than twice a week

77. Do you often feel lonely?

- ☐ Almost never FF543
☐ Seldom
☐ Sometimes
☐ Usually
☐ Almost always

78. How often do you experience the following in your everyday life? (Tick only one box per item)

		Never	Seldom	Sometimes	Often	Very often
1. Feel pleased about something	FF277	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Feel happy	FF278	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Feel joyful as though everything is going your way	FF279	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Feel that you will scream at someone or hit something	FF280	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Feel angry, irritated or annoyed	FF281	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Feel mad with someone	FF282	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If there is something else you would like to tell us, please write it on the next page.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

[illegible]

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