

# THE NORWEGIAN MOTHER & CHILD STUDY

## Questionnaire 6 – Your child at 36 months

In this questionnaire we will ask you some questions which you may recognise from previous questionnaires. We do this because we want to continue following your and your child's development. You are welcome to consult your child's Health card so that you can use the information contained in it.

If you feel that a question is too upsetting or difficult to answer you can skip this question and go on to the next one.

**The questionnaire will be processed by a computer. It is therefore important that you follow these instructions when completing it:**

- Use a blue or black ballpoint pen.
- Put a cross in the box that is most relevant like this: ☒
- If you put a cross in the wrong box, correct it by filling in the box completely like this: ☐
- Write numbers in the large boxes. **It is important that you only write in the white area of each box like this:**

Number:

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

- Numbered boxes have two or more squares. When you enter a single-digit number, use the square on the right.

Example: 5 is entered as follows

	5
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- Specific information concerning, for example, medication should be written on the lines provided. Write clearly in CAPITAL LETTERS.
- Remember to fill in the date on which you completed the questionnaire

**As soon as you have completed this questionnaire, return it to us in the stamped addressed envelope provided.**

Specify the day, month and year when the questionnaire was completed

GG11

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Day

--	--

Month

--	--	--	--

Year

(write the year in full, e.g. 2005)

## Your child's development, health and history of illness

1. What is your child's height and weight (without clothes) at 3 years? If you know your child's height and weight at 2 years and 15-18 months, enter these measurements too. (If you don't know them, go on to the next question.) Give the date when the measurements were taken and enter a cross to indicate whether they were taken by you.

	Date of measurement			Height	Weight	Own measurement						
Approx. 3 years	<table border="1"><tr><td>GG??</td></tr></table>	GG??	<table border="1"><tr><td>GG??</td></tr></table>	GG??	<table border="1"><tr><td>GG??</td></tr></table>	GG??	<table border="1"><tr><td>GG25</td></tr></table> cm	GG25	<table border="1"><tr><td>GG26</td></tr></table> kg	GG26	<table border="1"><tr><td>GG664</td></tr></table>	GG664
GG??												
GG??												
GG??												
GG25												
GG26												
GG664												
Approx. 2 years	<table border="1"><tr><td>GG??</td></tr></table>	GG??	<table border="1"><tr><td>GG??</td></tr></table>	GG??	<table border="1"><tr><td>GG??</td></tr></table>	GG??	<table border="1"><tr><td>GG20</td></tr></table> cm	GG20	<table border="1"><tr><td>GG21</td></tr></table> kg	GG21	<table border="1"><tr><td>GG665</td></tr></table>	GG665
GG??												
GG??												
GG??												
GG20												
GG21												
GG665												
Approx. 15-18 months	<table border="1"><tr><td>GG??</td></tr></table>	GG??	<table border="1"><tr><td>GG??</td></tr></table>	GG??	<table border="1"><tr><td>GG??</td></tr></table>	GG??	<table border="1"><tr><td>GG15</td></tr></table> cm	GG15	<table border="1"><tr><td>GG16</td></tr></table> kg	GG16	<table border="1"><tr><td>GG666</td></tr></table>	GG666
GG??												
GG??												
GG??												
GG15												
GG16												
GG666												
	Day	Month	Year									

2. How many months old was your child when he/she took his/her first steps unaided?

GG27
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month

Still not walking unaided.

GG28

The following questions concern any illnesses or health problems your child has had. We will first ask you about longer-term problems and then about illnesses and problems of a more acute nature.

### 3. Has your child suffered any long-term illness or health problems since the age of 18 months?

Health problem	No	Yes, has now	Yes, had previously	If so, has child been referred to a specialist	
				No	Yes
1. Impaired hearing .....	GG29	GG30	GG31		GG32
2. Impaired vision .....	GG33	GG34	GG35		GG36
3. Delayed motor development (e.g. sits/walks late) .	GG37	GG38	GG39		GG40
4. Cerebral palsy .....	GG41	GG42	GG43		GG44
5. Joint problems .....	GG45	GG46	GG47		GG48
6. Diabetes .....	GG49	GG50	GG51		GG52
7. Gained too little weight .....	GG53	GG54	GG55		GG56
8. Gained too much weight .....	GG57	GG58	GG59		GG60
9. Heart defect .....	GG61	GG62	GG63		GG64
10. Testicles not descended into scrotum .....	GG65	GG66	GG67		GG68
11. Asthma .....	GG69	GG70	GG71		GG72
12. Allergy affecting eyes or nose, e.g. hay fever .....	GG73	GG74	GG75		GG76
13. Atopic eczema (childhood eczema) .....	GG77	GG78	GG79		GG80
14. Other type of eczema .....	GG81	GG82	GG83		GG84
15. Frequent diarrhoea .....	GG566	GG567	GG568		GG569
16. Frequent stomach pains .....	GG570	GG571	GG572		GG573
17. Food allergy/intolerance .....	GG85	GG86	GG87		GG88
18. Other gastrointestinal problems .....	GG89/GG574	GG90/GG575	GG91/GG576		GG92/GG577
19. Late or abnormal speech development .....	GG93	GG94	GG95		GG96
20. Sleep problems .....	GG97	GG98	GG99		GG100
21. Trouble relating to others .....	GG578	GG579	GG580		GG581
22. Hyperactivity .....	GG105	GG106	GG107		GG108
23. Autistic traits .....	GG101/GG582	GG102/GG583	GG103/GG584		GG104/GG585
24. Other behavioural problems .....	GG109	GG110	GG111		GG112
25. Other long-term illness/condition .....	GG113	GG114	GG115		GG116

Specify

### 4. If your child has been to see a specialist or to the hospital, what did the investigation show?

Everything was fine

Still some doubts/further investigations needed

Has not been for any investigation yet

Received diagnosis I:

Received diagnosis II:

Received diagnosis III:

### 5. If your child has a serious or long-term illness, describe it, if possible, in more detail:

### 6. Has your child ever been exposed to or involved in a serious incident?

No

Yes

### 7. If yes, give a description:

### 8. Do you think that this has affected your child's behaviour or development?

No

Yes

**9. Has your child suffered any acute illness/health problem since the age of 18 months?**

(Specify how many times and whether your child has been admitted to or examined at a hospital for this health problem.)

	No	Yes	Number of times	If yes, has child been admitted to or examined in hospital?	
				No	Yes
1. Common cold .....	<input type="text" value="GG128"/>		<input type="text" value="GG129"/>	<input type="text" value="GG130"/>	
2. Throat infection with a confirmed streptococci .....	<input type="text" value="GG131"/>		<input type="text" value="GG132"/>	<input type="text" value="GG133"/>	
3. Other type of throat infection .....	<input type="text" value="GG134"/>		<input type="text" value="GG135"/>	<input type="text" value="GG136"/>	
4. Ear infection .....	<input type="text" value="GG137"/>		<input type="text" value="GG138"/>	<input type="text" value="GG139"/>	
5. Pseudocroup .....	<input type="text" value="GG140"/>		<input type="text" value="GG141"/>	<input type="text" value="GG142"/>	
6. Bronchitis .....	<input type="text" value="GG143"/>		<input type="text" value="GG144"/>	<input type="text" value="GG145"/>	
7. Pneumonia .....	<input type="text" value="GG146"/>		<input type="text" value="GG147"/>	<input type="text" value="GG148"/>	
8. Gastric flu/diarrhoea .....	<input type="text" value="GG149"/>		<input type="text" value="GG150"/>	<input type="text" value="GG151"/>	
9. Urinary tract infection .....	<input type="text" value="GG152"/>		<input type="text" value="GG153"/>	<input type="text" value="GG154"/>	
10. Encephalitis/meningitis .....	<input type="text" value="GG155"/>		<input type="text" value="GG156"/>	<input type="text" value="GG157"/>	
11. Febrile convulsions .....	<input type="text" value="GG158"/>		<input type="text" value="GG159"/>	<input type="text" value="GG160"/>	
12. Other convulsions (without any fever) .....	<input type="text" value="GG161"/>		<input type="text" value="GG162"/>	<input type="text" value="GG163"/>	
13. Injury or accident .....	<input type="text" value="GG164"/>		<input type="text" value="GG165"/>	<input type="text" value="GG166"/>	
14. Other <input type="text" value="GG587"/>	<input type="text" value="GG167"/>		<input type="text" value="GG168"/>	<input type="text" value="GG169"/>	

**10. If your child has been examined in or admitted to hospital, give the name of the hospital:**

Hospital name:

Hospital name:

Hospital name:

**11. Has your child been referred to the following services since the age of 18 months?**

	No	Yes
Habilitation service .....	<input type="text" value="GG173"/>	
Educational psychology service .....	<input type="text" value="GG174"/>	
Child psychiatric clinic/department ....	<input type="text" value="GG175"/>	

**12. Has your child taken any medication during the last 12 months?** (This means any type of medication, including fever-reducing medicines, alternative medicines and herbal remedies)

No Yes

**13. If yes, give the name of the medicines and indicate how long your child took these medicines for altogether and whether he/she is still taking them now.**

Name of medicine: (CAPITALS)	Duration of use					Still being taken now?	
	0-2 weeks	3-4 weeks	1-2 mth	3-6 mth	7-12 mth	No	Yes
GG177/GG550_K	GG178	GG179	GG180	GG181	GG182	GG630	GG183
GG184/GG551_K	GG185	GG186	GG187	GG188	GG189	GG631	GG190
GG191/GG552_K	GG192	GG193	GG194	GG195	GG196	GG632	GG197
GG198/GG553_K	GG199	GG200	GG201	GG202	GG203	GG633	GG204

**14. Has your child been given any vaccinations since you completed the previous questionnaire (at around 18 months or 6 months)?**  No Yes

**15. If yes, specify which vaccinations and when your child received them.**

Type of vaccination:

Date given:

GG??	GG??	GG??
------	------	------

GG??	GG??	GG??
------	------	------

Day Month Year

**16. Is your child taking at the moment any cod liver oil, vitamins or other dietary supplements?**

Yes, daily Sometimes No

1. Cod liver oil .....	<input type="text" value="GG214"/>
2. Fluoride tablets .....	<input type="text" value="GG215"/>
3. Vitamin preparations, specify .....	<input type="text" value="GG216"/>
4. Iron supplement, specify .....	<input type="text" value="GG218"/>
5. Other dietary supplements, specify .....	<input type="text" value="GG220"/>

## Your child's development and ability to cope

*In this section you will find some questions repeated in a different form. We do this so that we can compare your child's development with other similar studies and try out the best way to ask the question. The questions will relate to children who have reached different stages of development. Answer all the questions as well as you can, even if everything does not necessarily apply to your child.*

**17. About your child's motor development.** (Enter a cross in a box for each item.)

	Yes	A few times	Not yet
1. Can your child kick a ball by swinging his/her leg forward without holding onto anything for support?		<input type="text" value="GG222"/>	
2. Can your child catch a large ball with both hands? .....		<input type="text" value="GG223"/>	
3. When drawing, does your child hold a pencil, crayon or pen between his/her fingers and thumb like an adult does? .....		<input type="text" value="GG224"/>	
4. Can your child undo one or more buttons? .....		<input type="text" value="GG225"/>	

**18. About your child's language skills.** (Enter a cross for the option which best describes the way your child talks.)

Not yet talking

He/she is talking, but you can't understand him/her

Talking in one-word utterances, such as "milk" or "down"

Talking in 2- to 3-word phrases, such as "me got ball" or "give doll"

Talking in fairly complete sentences, such as "I got a doll" or "can I go outside?"

Talking in long and complicated sentences, such as "when I went to the park, I went on the swings" or "I saw a man standing on the corner". .....

**19. Your child's body language.** (Enter a cross in the box of the answer that fits your child best for each statement.)

Yes,  
usually      Very  
seldom      Not  
yet

- |  |       |
|--|-------|
| 1. When you enthusiastically say: "Where is the ball (or other toy)?", will your child point towards the toy, even if it is more than 1 metre away? .....        | GG227 |
| 2. When you look at a distant object and, surprised and excited, say: "Waaa...what's that?", - does he/she turn his/her head in the same direction as you? ..... | GG228 |
| 3. Does your child use sounds or words together with gestures? (for example, uses sounds when pointing or reaching towards toys or objects) .....                | GG229 |
| 4. Does your child show you toys by looking at you and holding the toy up towards you? (from a distance just so you can look at it) .....                        | GG230 |

**20. About your child's social skills.**

(Enter a cross in a box for each statement to indicate whether you agree or disagree.)

Disagree      Partially  
agree      Totally  
agree

- |   |       |
|---|-------|
| 1. Your child shares readily with other children (treats, toys, pencils, etc.) .....    | GG231 |
| 2. Your child is helpful if someone is hurt, upset or feeling ill .....                 | GG232 |
| 3. Your child is considerate of other people's feelings .....                           | GG233 |
| 4. Your child is kind to younger children .....   | GG234 |
| 5. Your child often volunteers to help others (parents, teachers, other children) ..... | GG235 |
| 6. Your child pays careful attention when you try to teach him/her something new .....  | GG236 |

**21. Understanding what others say and being able to communicate**

(Enter a cross in the box of the answer that fits your child best for each statement.)

Yes      A few  
times      Not  
yet

- |  |       |
|--|-------|
| 1. Without showing him/her first, does your child point to the correct picture when you say, "Where is the cat" or "Where is the dog"? Your child must only point at the correct picture. ....   | GG237 |
| 2. When you ask your child to point at his/her eyes, nose, hair, feet, ears, etc., does he/she point correctly at least seven parts of the body? (The child can point at himself/herself, you or a doll.)  | GG238 |
| 3. Does your child use sentences made up of three or four words? .....   | GG239 |
| 4. Without giving him/her help by pointing or using gestures, ask your child to "Put the shoe on the table" and "Put the book under the chair". Does your child carry out both of these directions correctly? .                                  | GG240 |
| 5. When looking at a picture book, does your child tell you what is happening or what action is taking place in the picture? (For example, "Barking", "Running", "Eating" and "Crying"?)<br>You may ask, "What is the dog (or boy) doing?" ..... | GG241 |
| 6. Can your child tell you at least two things about an object he/she is familiar with? If you say, for example, "Tell me about your ball", will your child answer by saying something like "It is round, I can throw it, it is big"?            | GG242 |

**22. About body language and other ways of communicating with others.** (We are asking you about how your child usually is. If the behaviour is rare, e.g. you have only seen it once or twice, enter a cross in the 'No' box. Enter a cross in a box for each question.)

Yes      No

- |   |       |
|---|-------|
| 1. Does your child respond to his/her name one of the first two times you call? .....   | GG243 |
| 2. Does your child ever bring objects over to you to show you something? .....  | GG244 |
| 3. Does your child imitate you (e.g. you make a face - will your child imitate it)? .....   | GG245 |
| 4. Does your child ever use his/her index finger to point, to indicate interest in something? .....   | GG246 |
| 5. Does your child take an interest in other children? .....  | GG247 |
| 6. If you point at a toy across the room, does your child look at it? .....   | GG248 |
| 7. Is it easy to make eye contact with your child? .....  | GG249 |
| 8. Does your child react when spoken to, for instance, by looking, listening, smiling, speaking or babbling? .....                                  | GG250 |
| 9. Does your child ever seem oversensitive to noise (e.g. plugging ears)? .....   | GG251 |
| 10. Does your child only choose a very small number of particular toys or objects, even if you try to make him/her interested in more things? ..... | GG592 |
| 11. Does your child wave to people to greet or say goodbye to them? .....   | GG253 |
| 12. Can your child hurt himself/herself a lot without seeming to be bothered (has a high pain threshold)? .....                                     | GG254 |

**23. About talking with others.** (Enter a cross in a box for each question to indicate whether you think it applies to your child or not.)

	Yes	No
1. Does your child talk using short phrases or sentences? .....	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you have a to-and-fro "conversation" with your child that involves taking turns or building on what you have said? .....	<input type="checkbox"/>	<input type="checkbox"/>
3. Does your child ever use odd phrases or say the same thing over and over again in almost exactly the same way? (either phrases that the child hears other people use or ones that he/she makes up) .....	<input type="checkbox"/>	<input type="checkbox"/>
4. Does your child ever use socially inappropriate questions or statements? For example, does your child ever regularly ask personal questions or make personal comments at awkward times? .....	<input type="checkbox"/>	<input type="checkbox"/>
5. Does your child ever get his/her pronouns mixed up (i.e. saying "you" or "he/she" instead of "I")? .....	<input type="checkbox"/>	<input type="checkbox"/>
6. Does your child ever use words that he/she seems to have invented or made up himself/herself, put things in odd, indirect ways or use metaphorical ways of saying things? (e.g. saying "hot rain" for "steam") ..	<input type="checkbox"/>	<input type="checkbox"/>
7. Does your child ever say the same thing over and over in exactly the same way or insist that you say the same thing over and over again? .....	<input type="checkbox"/>	<input type="checkbox"/>
8. Does your child ever have things that he/she seems to have to do in a very particular way or order, or rituals that the child insists that you go through? .....	<input type="checkbox"/>	<input type="checkbox"/>

**24. About behaviour and specific things that children can think of doing.** (Enter a cross in a box for each question to indicate whether you think it applies to your child or not.) .....

	Yes	No
9. Does your child's facial expression usually seem appropriate to the particular situation, as far as you can tell? ..	<input type="checkbox"/>	<input type="checkbox"/>
10. Does your child ever use your hand like a tool or as if it were part of his/her own body (e.g. pointing with your finger or putting your hand on a doorknob to get you to open the door)? .....	<input type="checkbox"/>	<input type="checkbox"/>
11. Does your child ever have any interests that preoccupy him/her and might seem odd to other people (e.g. traffic lights, drainpipes or timetables)? .....	<input type="checkbox"/>	<input type="checkbox"/>
12. Does your child ever seem to be more interested in parts of a toy or an object, rather than in using the object as it was intended (e.g. spinning the wheels of a car)? .....	<input type="checkbox"/>	<input type="checkbox"/>
13. Does your child ever have any special interests that are unusual in their intensity, but otherwise appropriate for his/her age and peer group (e.g. trains or dinosaurs)? .....	<input type="checkbox"/>	<input type="checkbox"/>
14. Does your child ever seem to be unusually interested in the sight, feel, sound, taste or smell of things or people? .....	<input type="checkbox"/>	<input type="checkbox"/>
15. Does your child ever have any mannerisms or odd ways of moving his/her hands or fingers, such as flapping or moving his/her fingers in front of his/her eyes? .....	<input type="checkbox"/>	<input type="checkbox"/>
16. Does your child ever have any complicated movements of his/her whole body, such as spinning or repeatedly bouncing up and down? .....	<input type="checkbox"/>	<input type="checkbox"/>
17. Does your child ever injure himself/herself deliberately, such as by biting his/her arm or banging his/her head? ..	<input type="checkbox"/>	<input type="checkbox"/>
18. Does your child ever have any objects that he/she has to carry around (other than a soft toy or comfort blanket)? ..	<input type="checkbox"/>	<input type="checkbox"/>

**25. About your child's social development and interest in others.** (Enter a cross in a box for each question to indicate whether you think it applies to your child or not.)

	Yes	No
19. Does your child have any particular friends or a best friend? .....	<input type="checkbox"/>	<input type="checkbox"/>
20. Does your child ever talk with you just to be friendly (rather than to get something)? .....	<input type="checkbox"/>	<input type="checkbox"/>
21. Does your child ever spontaneously copy you (or other people) or what you are doing (such as vacuuming, gardening or mending things)? .....	<input type="checkbox"/>	<input type="checkbox"/>
22. Does your child ever spontaneously point at things around him/her just to show you things (not because he/she wants them)? .....	<input type="checkbox"/>	<input type="checkbox"/>
23. Does your child ever use gestures, other than pointing or pulling your hand, to let you know what he/she wants? .....	<input type="checkbox"/>	<input type="checkbox"/>
24. Does your child nod his/her head to indicate yes? .....	<input type="checkbox"/>	<input type="checkbox"/>
25. Does your child shake his/her head to indicate no? .....	<input type="checkbox"/>	<input type="checkbox"/>
26. Does your child usually look at you directly in the face when doing things with you or talking with you? .....	<input type="checkbox"/>	<input type="checkbox"/>
27. Does your child smile back if someone smiles at him/her? .....	<input type="checkbox"/>	<input type="checkbox"/>
28. Does your child ever show you things that interest him/her to engage your attention? .....	<input type="checkbox"/>	<input type="checkbox"/>

cont. next page

Yes No

- |  |       |
|--|-------|
| 29. Does your child ever offer to share things other than food with you? .....   | GG283 |
| 30. Does your child ever seem to want you to join in his/her enjoyment of something? .....   | GG284 |
| 31. Does your child ever try to comfort you when you are sad or hurt? .....  | GG285 |
| 32. If your child wants something or wants help, does he/she look at you and use gestures with sounds or words to get your attention? .....                        | GG286 |
| 33. Does your child show a normal range of facial expressions? .....   | GG287 |
| 34. Does your child ever spontaneously join in and try to copy the actions in social games, such as "The Mulberry Bush" or "London Bridge is Falling Down"? .....  | GG288 |
| 35. Does your child play any pretend or make-believe games? .....  | GG289 |
| 36. Does your child seem interested in other children of approximately the same age whom he/she does not know? ..  | GG290 |
| 37. Does your child respond positively when another child approaches him/her? .....  | GG291 |
| 38. If you come into a room and start talking to your child without calling his/her name, does he/she usually look up and pay attention to you? .....              | GG292 |
| 39. Does your child ever play imaginative games with another child in such a way that you can tell that each child understands what the other is pretending? ..... | GG293 |
| 40. Does your child play cooperatively in games that need some form of joining in with a group of other children, such as hide-and-seek or ball games? .....       | GG294 |

**26. Loss of skills.** *(Is there something your child used to be able to do, but has lost the ability to do?)*

- |  | No | Yes   | Not sure |
|--|----|-------|----------|
| 1. Has your child lost any language skills? .....  |    |       |          |
| (For example, used single words or sentences for a time and then stopped using the words)                |    | GG295 |          |
| 2. Has your child lost any social skills? .....  |    |       |          |
| (For example, could wave or say "Hi" to greet someone, then lost this skill) .....                       |    | GG296 |          |
| 3. Has your child turned out to be less sociable? .....  |    |       |          |
| (For example, he/she is more difficult to have eye contact with, is less interested in other people now) |    | GG297 |          |
| 4. Has your child lost any motor skills? .....   |    |       |          |
| (For example, could run and jump while remaining steady, but falls over much more now)                   |    | GG298 |          |

## Your child's temperament and behaviour

**27. To what extent do the following statements apply to your child's behaviour during the last two months?** *(Enter a cross in a box for each item.)*

- |  | Very typical | Quite typical | Neither/nor | Not so typical | Not at all typical |
|--|--------------|---------------|-------------|----------------|--------------------|
| 1. Your child cries easily .....   |              |               | GG299       |                |                    |
| 2. Your child is always on the go .....  |              |               | GG300       |                |                    |
| 3. Your child prefers playing with others rather than alone. ....                |              |               | GG301       |                |                    |
| 4. Your child is off and running as soon as he/she wakes up in the morning. .... |              |               | GG302       |                |                    |
| 5. Your child is very sociable. ....   |              |               | GG303       |                |                    |
| 6. Your child takes a long time to warm up to strangers. ....                    |              |               | GG304       |                |                    |
| 7. Your child gets upset or sad easily .....                                     |              |               | GG305       |                |                    |
| 8. Your child prefers quiet, inactive games to more active ones. ....            |              |               | GG306       |                |                    |
| 9. Your child likes to be with people .....                                      |              |               | GG307       |                |                    |
| 10. Your child reacts intensely when upset. ....                                 |              |               | GG308       |                |                    |
| 11. Your child is very friendly with strangers .....                             |              |               | GG309       |                |                    |
| 12. Your child finds other people more fun than anything else .....              |              |               | GG310       |                |                    |
| 13. Your child complains that certain garments are too tight .....               |              |               | GG311       |                |                    |
| 14. Your child is distressed by having his/her face or hair washed .....         |              |               | GG312       |                |                    |



**28. The following list contains statements describing children's behaviour and manner from the age of 2-3. Some of these features are temporary while others continue for a longer period of time. To what extent are the following statements true of your child's behaviour during the last two months? (Enter a cross in a box for each item.)**

	Not true	Somewhat or sometimes true	Very true or often true
1. Afraid to try new things . . . . .		GG313	
2. Can't concentrate, can't pay attention for long . . . . .		GG314	
3. Can't sit still, restless or hyperactive . . . . .		GG315	
4. Can't stand waiting, wants everything now . . . . .		GG316	
5. Clings to adults or too dependent . . . . .		GG317	
6. Constipated, doesn't move bowels . . . . .		GG318	
7. Defiant . . . . .		GG319	
8. Demands must be met immediately . . . . .		GG320	
9. Disturbed by any change in routine . . . . .		GG321	
10. Doesn't want to sleep alone . . . . .		GG322	
11. Doesn't eat well . . . . .		GG323	
12. Doesn't seem to feel guilty after misbehaving . . . . .		GG324	
13. Eats or drinks things that are not food (don't include sweets) . . . . .		GG325	
14. Gets in many fights . . . . .		GG326	
15. Gets into everything . . . . .		GG327	
16. Gets too upset when separated from parents . . . . .		GG328	
17. Hits others . . . . .		GG329	
18. Poorly coordinated or clumsy . . . . .		GG330	
19. Punishment doesn't change his/her behaviour . . . . .		GG331	
20. Quickly shifts from one activity to another . . . . .		GG332	
21. Resists going to bed at night . . . . .		GG333	
22. Stomach aches or cramps (without medical cause) . . . . .		GG334	
23. Sudden changes in moods or feelings . . . . .		GG335	
24. Too fearful or anxious . . . . .		GG336	
25. Vomiting, throwing up (without medical cause) . . . . .		GG337	
26. Doesn't seem to be happy eating food (don't include sweets) . . . . .		GG338	

**29. Some more statements follow about your child's behaviour and manner. We are again asking to what extent you feel the statements are true of your child during the last two months? (Enter a cross in a box for each item.)**

	Not true	Somewhat or sometimes true	Very true or often true
1. Becomes distracted or diverted by outside stimuli (sounds or events) . . . . .		GG339	
2. Finds it difficult waiting his/her turn . . . . .		GG340	
3. Has problems keeping focused on tasks or activities . . . . .		GG341	
4. Is excessively talkative . . . . .		GG342	
5. Doesn't differentiate between adults; behaves the same way to all of them . . . . .		GG343	
6. Will wander after other adults, even if they are strangers . . . . .		GG344	
7. Doesn't seem to listen when he/she is being spoken to . . . . .		GG345	
8. Has a habit of rolling his/her head around or making humming sounds . . . . .		GG346	
9. Mood can vary greatly from day to day . . . . .		GG347	
10. Is extremely passive, needs help to get going . . . . .		GG348	
11. "Tests" other children to see whether they get angry . . . . .		GG349	
12. Becomes aggressive when he/she is frustrated . . . . .		GG350	
13. His/her body is affected by twitches or contortions that seem difficult to control (e.g. eyes, mouth, nose or legs) . . . . .		GG351	
14. Hits, shoves, kicks and bites other children (not including siblings) . . . . .		GG352	
15. Is very anxious about getting dirty . . . . .		GG353	
16. Wants things to be clean and tidy . . . . .		GG354	
17. Places toys or other objects in a certain order/sequence over and over again . . . . .		GG355	
18. Wakes up in the night and needs help to get back to sleep . . . . .		GG356	
19. Gets distressed when you go out and he/she is going to be looked after by family or a babysitter he/she knows . . . . .		GG357	

cont. next page



Not true      Somewhat or sometimes true      Very true or often true

- |   |       |
|---|-------|
| 20. Does things he/she is not allowed to do to attract attention from adults .....      | GG358 |
| 21. Seems to have less fun than other children .....                                    | GG359 |
| 22. Is extremely noisy. Shouts and screams a lot .....                                  | GG360 |
| 23. Is disobedient or defiant (e.g. refuses to do anything you ask) .....               | GG361 |
| 24. Comes over to you when something happens that makes him/her afraid or anxious ..... | GG362 |
| 25. Runs off when you are outside .....   | GG363 |
| 26. Seems to have less energy .....   | GG364 |
| 27. Is very fussy when it comes to food .....   | GG365 |
| 28. Seems to be unhappy, sad or depressed .....   | GG366 |
| 29. Wakes up several times during the night .....                                       | GG367 |

### 30. About your child's eating habits and appetite and your attitude to it.

- |  | Totally disagree | Slightly disagree | Neither/nor | Slightly agree | Totally agree |
|--|------------------|-------------------|-------------|----------------|---------------|
| 1. I have to be sure that my child does not eat too many sweet things (sweets, ice cream, cakes or pastries) ..... |                  |                   | GG368       |                |               |
| 2. I have to be sure that my child does not eat too many high-fat foods .....                                      |                  |                   | GG369       |                |               |
| 3. I have to be sure that my child does not eat too much of his/her favourite food .....                           |                  |                   | GG370       |                |               |
| 4. I intentionally keep some foods out of my child's reach .....   |                  |                   | GG371       |                |               |
| 5. I offer sweet things (sweets, ice cream, cakes, pastries) to my child as a reward for good behaviour .....      |                  |                   | GG372       |                |               |
| 6. I offer my child his/her favourite foods in exchange for good behaviour .....                                   |                  |                   | GG373       |                |               |
| 7. If I did not guide or regulate my child's eating he/she would eat too many junk foods .....                     |                  |                   | GG374       |                |               |
| 8. If I did not guide or regulate my child's eating he/she would eat too much of his/her favourite foods .....     |                  |                   | GG375       |                |               |
| 9. My child should always eat all of the food on his/her plate .....   |                  |                   | GG376       |                |               |
| 10. I have to be especially careful to make sure that my child eats enough .....                                   |                  |                   | GG377       |                |               |
| 11. If my child says: "I'm not hungry", I try to get him/her to eat anyway .....                                   |                  |                   | GG378       |                |               |
| 12. If I did not guide or regulate my child's eating, he/she would eat much less than he/she should.               |                  |                   | GG379       |                |               |

### 31. About your concerns.

- |  | No | Yes   |
|--|----|-------|
| 1. Are you concerned because your child is demanding and difficult to cope with? .....               |    | GG380 |
| 2. Have you every wondered if your child's hearing is impaired? .....                                |    | GG381 |
| 3. Have others (family, nursery, health visitor) expressed concerns about your child's development?  |    | GG382 |
| 4. Are your concerned because your child is hardly interested at all in playing with other children? |    | GG594 |
| 5. Do you have any other concern about your child's health? .....                                    |    | GG595 |
| If so, specify .....   |    | GG596 |

## Your child's everyday life and environment

### 32. Do you live with your child's father?

No      Yes      GG383

### 33. If no, how much time does your child spend with his/her mother and father respectively?

	Mother	Father
More than half the time .....	GG384	GG385
Roughly half the time .....		
At least once a week .....		
At least once a month .....		
Less often than once a month .....		
Never .....		

### 34. How often does your child have his/her teeth brushed?

Twice a day or more      GG386

Once a day

Sometimes

Never

### 35. Does your child use fluoride toothpaste?      GG387

No      Sometimes      Yes, usually

### 36. Is your child ever present in a room where someone smokes?

GG388

Yes, every day

Number of hours a day:

GG389

Yes, several times a week

Yes, sometimes

Don't know

No

### 37. How often is your child outside at present?

Seldom

GG390

Frequently, but less than 1 hour a day on average

1-3 hours a day on average

More than 3 hours a day

### 38. How many hours on average does your child sit in front of a TV/video every day?

4 hours or more

Less than 1 hour

GG391

3 hours

Seldom/never

1-2 hours

### 39. How is your child cared for during the day at the moment? (You can enter a cross in more than one box.)

At home with his/her mother

GG392

At home with his/her father

GG393

At home with an unqualified childminder

GG394

At a childminder's/family creche

GG395

In an outdoor nursery

GG396

In a nursery

GG397

### 40. How many hours a week is your child looked after during the day by someone other than his/her mother or father?

GG597

## Diet

### 41. How often does your child drink or eat the following at present? (Select the frequency which is most applicable on average.) (Enter a cross in a box for each item.)

	Seldom/ less than once a week	1-3 times a week	4-6 times a week	Once in 24 hrs	Twice in 24 hrs	3 times in 24 hrs	4 or more times in 24 hrs
1. Whole milk, sweet/sour		GG398					
2. Low-fat, extra low-fat, skimmed milk, sweet/sour		GG399					
3. Yogurt, natural		GG598					
4. Yogurt / yogurt drink with fruit		GG400					
5. Yogurt with active Lactobacillus, all types		GG401					
6. Juice		GG402					
7. Cordial / nectar / squash / fizzy drinks, sweetened		GG403					
8. Cordial / squash / fizzy drinks, with artificial sweeteners		GG404					
9. Meat filling (liver paste, ham, etc.)		GG405					
10. Fish filling (mackerel, caviar, etc.)		GG406					
11. Brown cheese, brown cheese spread		GG407					
12. Other types of cheese		GG408					
13. Jam, honey, chocolate spread, other sweet spread		GG409					
14. Eggs, boiled, fried, scrambled		GG410					
15. Other filling	GG412	GG411					
16. Fruit		GG413					
17. Raisins		GG414					
18. Ice cream		GG415					
19. Ice lolly		GG416					
20. Biscuits		GG417					
21. Buns, cakes, waffles		GG418					
22. Chocolate		GG419					
23. Sweets, jelly babies, etc.		GG420					
24. Crisps, potato snacks		GG421					

GG422

### 42. How many slices of bread/crispbread does your child eat every day?

How many of these include fibre-rich bread/ crispbread (e.g. rye bread, Fedons bread)

GG599

**43. How often does your child eat the following at present?** (Select the frequency which is most applicable on average.)  
(Enter a cross in a box for each item.)

	Once a mth or less often	2-3 times a month	Once a week	Twice a week	3 times a week	4 times a week	5 or more times a week
1. Meat, rissoles, sausages, etc. ....	GG423						
2. Oily fish (salmon, herring, etc.) ....	GG424						
3. White fish (cod, coley, etc.) ....	GG425						
4. Fish pudding, fish cakes, fish balls, etc. ...	GG426						
5. Soup .....	GG427						
6. Pancakes .....	GG428						
7. Potatoes .....	GG429						
8. Pasta, spaghetti, noodles .....	GG430						
9. Pizza .....	GG431						
10. Rice .....	GG432						
11. Cooked vegetables .....	GG433						
12. Raw vegetables, salad .....	GG434						

## Questions about yourself

**44. What is your civil status at present?**

GG435

Married                      Separated/divorced  
Cohabiting                  Widowed  
Single                        Other

**45. Are you in paid employment at the moment?**

GG436

No (go to question 49)

Yes      Usual number of hours per week:

GG437

**46. What type of working pattern do you have?** (You can enter a cross in more than one box.)

Permanent day work  
Shift work/rota system  
Permanent afternoon/evening work  
Non-permanent (relief cover, relief on-call, supply, etc.)  
Permanent night work

GG438

GG439

GG440

GG441

GG442

**47. How many days altogether were you absent from work last year (excluding holidays and time off in lieu)?**

GG443

days

**48. What was the reason for this?** (You can enter a cross in more than one box.)

Leave

GG444

Own illness, specify

GG448

GG445

Sick child

GG446

Other

GG447

**49. Do you often feel lonely?**

GG449

Almost never

Seldom

Sometimes

Generally

Almost always

**50. Do you have anyone other than your spouse /boyfriend/partner whom you can seek advice from in a difficult situation?**

No

GG450

Yes, 1 or 2 people

Yes, more than 2 people

**51. How often do you see or talk on the telephone to your family (apart from your household) or close friends?**

Once a month or less

GG451

2-8 times a month

More than twice a week

**52. Have you ever experienced the following, since you became pregnant with this child, for a consecutive period of two weeks or more.....** (Enter a cross in a box for each item.)

	No	Yes, during pregnancy	Yes, during first year after birth	Yes, during the last 2 years
1. Felt depressed, sad, down? .....	GG452/GG634	GG635	GG636	GG637
2. Had problems with your appetite or eaten too much? .....	GG453/GG638	GG639	GG640	GG641
3. Been affected by lethargy or a lack of energy? .....	GG454/GG642	GG643	GG644	GG645
4. Really got down on yourself and felt worthless? .....	GG455/GG646	GG647	GG648	GG649
5. Had problems concentrating or found it difficult to make decisions? .....	GG456/GG650	GG651	GG652	GG653
6. Had at least 3 of the problems mentioned above at the same time? .....	GG457/GG654	GG655	GG656	GG657

**53. Are you pregnant now?**

No Yes

GG458

**54. Have you had any long-term illness or health problems which have occurred during the last 3 years?****Physical problem:**

GG459

No

GG658

Yes, before, describe:

GG460/GG659

Yes, now, describe:

GG461/GG660

**Mental problem:**

GG462

No

GG661

Yes, before, describe:

GG463/GG662

Yes, now, describe:

GG464/GG663

**55. Have you yourself been examined at the hospital during the last 3 years?**

No

GG465

Yes, which hospital?

GG466

**56. Do you have any of the following problems at present; if so, how often and how much at a time?** (Enter a cross in a box for each item.)

Problems:	How often do you have problems?					How much at a time?		
	Never	1–4 times a month	1–6 times a week	Once a day	More than once a day	Drops	Small gushes	Large amounts
1. Incontinence when coughing, sneezing or laughing			GG467				GG468	
2. Incontinence during physical activity (running/jumping)			GG469				GG470	
3. Incontinence with a strong need to urinate . .			GG471				GG472	
4. Problems retaining faeces . . . . .			GG473					
5. Problems with flatulence . . . . .			GG474					

**57. How physically active are you?** We are asking you here about the duration of activities where you get out of breath or sweat. How often does this happen? Include activities both at home and at work. (Enter a cross in a box for each item.)

Duration of activity where you get out of breath or sweat	How often					
	Never	Less than once a week	Once a week	Twice a week	3-4 times a week	5 times or more a week
Less than 30 minutes . . . . .				GG475		
Between 30 and 60 minutes . . . . .				GG476		
More than 60 minutes . . . . .				GG477		

**58. Overall, how would you describe your physical health?**

Very good

GG478

Good

Poor

Very poor

**59. Do you smoke at present?**

GG479

Don't smoke

Smoke sometimes -  
no. cigarettes per week:

GG480

Smoke every day -  
no. cigarettes per day:

GG481

**60. Do you take:**

Chewing tobacco/snuff

GG482

Nicotine chewing gum

GG483

Nicotine patches

GG484

Nicotine inhaler

GG485

**61. How often do you consume alcohol at present?**

Roughly 6-7 times a week

GG486

Roughly 4-5 times a week

Roughly 2-3 times a week

Roughly once a week

Roughly 1-3 times a month

Less than once a month

Never

**62. How many alcohol units do you usually drink when you consume alcohol?** (Enter a cross for both weekends and weekdays)

(See explanation below about alcohol units.)

	Weekend	Weekdays
10 or more .....	<input type="checkbox"/> GG487	<input type="checkbox"/> GG488
7-9 .....		
5-6 .....		
3-4 .....		
1-2 .....		
Less than 1 .....		

**Alcohol units**

In order to compare different types of alcohol, we ask for the number of alcohol units (= 1.5 cl of pure alcohol). This means the following in practice:

1 glass (1/3 litre) of beer	= 1 unit
1 wine glass of red or white wine	= 1 unit
1 wine glass of sherry or other fortified wine	= 1 unit
1 brandy glass of spirits or liqueur	= 1 unit
1 bottle of alcopop/cider	= 1 unit

**63. Have you experienced any of the following during the last 3 years:**

	No	Yes
Being hit, kicked or attacked physically in any other way? .....	<input type="checkbox"/> GG489	
Being pressured into having sexual intercourse?	<input type="checkbox"/> GG490	

**64. Have you during the last 18 months:**  
(Enter a cross in a box for each item.)

	No	Yes
1. Thought yourself that you were too fat? ..	<input type="checkbox"/> GG491	
2. Been really afraid of putting on weight or becoming too fat? .....	<input type="checkbox"/> GG492	
3. Heard others say that you were too thin, while you yourself thought that you were too fat?	<input type="checkbox"/> GG493	
4. Thought that it was extremely important for your self-image to maintain a particular weight?	<input type="checkbox"/> GG494	

**65. Have you at some time during the last 18 months or previously in your life - for a period lasting at least 3 months - experienced any of the following situations, and if so, how frequently was this?** (Enter a cross in a box for each item.)

	At least twice a week	1-4 times a month	Seldom/never
1. Felt that you were losing control when eating and couldn't stop before you had eaten far too much? .....		<input type="checkbox"/> GG495	
2. Used vomiting to control your weight? .....		<input type="checkbox"/> GG496	
3. Used laxatives to control your weight? .....		<input type="checkbox"/> GG497	
4. Used fasting to control your weight? .....		<input type="checkbox"/> GG498	
5. Used hard physical exercise to control your weight? .....		<input type="checkbox"/> GG499	

**66. Have you at some time during the last 18 months gone at least three months without a period in connection with a time when you have been having eating problems?** (without being pregnant)

☐ GG500      No      Yes

**67. What is your current weight?**

GG501 , kg

**How tall are you?**

GG502 cm

**68. Feeling of anxiety and restlessness.** (Enter a cross in a box for the items that apply to you best during the last 6 months.)

	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? .....			<input type="checkbox"/> GG503		
2. How often do you have problems putting things in the right order when you are involved in tasks that require organisation? .....			<input type="checkbox"/> GG504		
3. When you have a task which requires a great deal of careful preparation, how often do you avoid or put off starting it? .....			<input type="checkbox"/> GG505		
4. How often do you have problems remembering appointments or engagements? .....			<input type="checkbox"/> GG506		
5. When you have to sit still for a long time, how often do you move your hands and feet in an anxious, restless way? .....			<input type="checkbox"/> GG507		
6. How often do you feel hyperactive and obliged to do things, as if you are being driven by an engine? .....			<input type="checkbox"/> GG508		

**69. If you have a husband/boyfriend/partner, to what extent do you agree with the following descriptions?** (Enter a cross in a box for each item.)

	Totally agree	Agree	Slightly agree	Slightly disagree	Disagree	Totally disagree
1. My partner and I have problems in our relationship . . .	GG509					
2. I'm extremely happy in my relationship . . . . .	GG510					
3. My partner is generally understanding . . . . .	GG511					
4. I'm happy with the relationship with my partner . . . . .	GG512					
5. We agree on how children should be brought up . . . . .	GG513					

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

	Not bothered	a little bothered	quite bothered	very bothered
1. Feeling fearful . . . . .	GG514			
2. Nervousness or shakiness inside . . . . .	GG515			
3. Feeling hopeless about the future . . . . .	GG516			
4. Feeling blue . . . . .	GG517			
5. Worrying too much about things . . . . .	GG518			
6. Feeling everything is an effort . . . . .	GG519			
7. Feeling tense or keyed up . . . . .	GG520			
8. Suddenly scared for no reason . . . . .	GG521			

**71. Have you experienced during the last 18 months any of the following situations? If yes, how painful and difficult was this for you?**

(Enter a cross in a box for each item.)

	No	Yes	Not so bad	Painful/difficult	Very painful/difficult
1. Have you had problems at work or where you study? . . . . .	GG522			GG523	
2. Have you had financial problems? . . . . .	GG524			GG525	
3. Have you been divorced, separated or ended your relationship with your partner?	GG526			GG527	
4. Have you had problems or conflict with family, friends or neighbours? . .	GG528			GG529	
5. Have you been seriously worried that there is something wrong with your child?	GG530			GG531	
6. Have you been seriously ill or injured? . . . . .	GG532			GG533	
7. Has anyone close to you been seriously ill or injured? . . . . .	GG534			GG535	
8. Have you been involved in a serious accident, fire or robbery? . . . . .	GG536			GG537	
9. Have you lost someone close to you? . . . . .	GG538			GG539	
10. Other . . . . .	GG540			GG541	

**72. In your daily life, how often do you** (Enter a cross in a box for each item.)

	Seldom/never	seldom	A few times	Fairly Often	Very often
1. Feel glad about something . . . . .	GG600				
2. Feel happy . . . . .	GG601				
3. Feel joyful, like everything is going your way, everything is rosy	GG602				
4. Feel like screaming at somebody or hitting things . . . . .	GG603				
5. Feel angry, irritated or annoyed . . . . .	GG604				
6. Feel mad at somebody . . . . .	GG605				

**73. Indicate with a cross whether you agree or disagree with the following statements** (Enter a cross for each statement.)

	Totally disagree	Disagree	Slightly disagree	Neither agree nor disagree	Slightly agree	Agree	Totally agree
1. My life is largely what I wanted it to be .....	GG606						
2. My life is very good .....	GG607						
3. I'm satisfied with my life .....	GG608						
4. I've achieved so far what is important to me in life .....	GG609						
5. If I could start all over, there is very little I would do differently	GG610						
6. I really enjoy my work .....	GG611						

**74. What kind of perception do you have of yourself?** (Enter a cross in a box for each item.)

Totally		agree	Totally Agree	Disagree	disagree
1. I have a positive attitude towards myself .....	GG612				
2. I feel completely useless at times .....	GG613				
3. I feel that I don't have much to be proud of .....	GG614				
4. I feel that I am a valuable person, as good as anyone else .....	GG615				

**75. Bringing up your child** (Enter a cross to indicate whether you agree or disagree with the following statements. Enter a cross in a box for each item.)

	Totally disagree	Partially disagree	Neither/ nor	Partially agree	Totally agree
1. What I do has little influence on my child's behaviour .....	GG616				
2. My child is used to getting what he/she wants in any case, so there's no point in even trying to refuse him/her .....	GG617				
3. Cuddles and hugs are an important way of showing my child that I love him/her	GG618				
4. If my child and I have a disagreement it is usually easy to divert him/her ...	GG619				
5. My life is mainly becoming controlled by my child .....	GG620				
6. I think it is very important for my child to learn to deal with the fact he/she cannot get their own way on everything .....	GG621				
7. It is often easier to let my child get his/her own way rather than having to put up with a tantrum .....	GG622				
8. Sometimes when I'm tired I let my child get to do things that I usually would not have allowed otherwise .....	GG623				
9. It isn't so important what strategies you use to bring up your children; if you love your children they will develop well .....	GG624				



## Comments

GG629

***Have you remembered to fill in on page 1 the date on which you completed the questionnaire?***

***Thank you very much for your help!***

*Please return the completed questionnaire in the stamped addressed envelope provided to:*

Den norske Mor og Barn undersøkelsen  
Nasjonalt folkehelseinstitutt  
Avd. for medisinsk fødselsregister  
Kalfarveien 31  
5018 Bergen

