

# Codebook for the 11 year follow-up (adult singleton + twin A)

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## Documentation and guidance

The code book contains section headlines and contains the supplementary or explanatory text from the questionnaire. The supplementary/explanatory text is written in *italics*.

With the exception of the Key Variables all variables start with an F. The variable ID contains three chiffers (ex. F000). The answer categories are listed starting with 1.

The "Not answered" variable (missing) has been given code 99. The electronic questionnaire is constructed so it shouldn't be possible to skip a question. That means, if respondents miss a question they will be asked to answer it before they are able to move on to the following questions. However, you will find some exceptions that are marked in the codebook with oblique purple font above each question. Here it will be possible to skip a page even though some of the questions remain unanswered. Missing will also occur if the respondent has started but not completed the questionnaire within the 3 month deadline.

The "Not applicable" variable has been give the code 100 and occurs if the question is dependent on an answer given in a previous question.

If a question is dependent on a previous answer a note is written in Consolas (e.g. F005, depending on F004) above the question. Correspondingly it is specified which question the respondent jumps to if the following questions depend on the answer of the question concerned (e.g. ->F006)

Variable names ending with a letter (F001A) is a sub question of the previous question where it does not make sense to assign the question a new name In some cases a question ending with a capital letter will contain a text answer (e.g. F0054\_7A) or a number (e.g. F196\_A).

Some variables are marked with underscore to show that they belong together or are part of a scale (e.g. F003\_1-F003\_5)

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## Key variables

### LBGRAVFF

*Identification number for the child*

### LBGRAV

*Identification number for the mother*

### F\_BESVAR

*Indicator for a complete response*

1. complete response
2. incomplete response

### F\_TYPE

*Indicator of the questionnaire being for singletons+twin A or for twin B*

- A. Singletons or twin A
- B. Twin B

### F\_INVITDATE

*Date when the child was invited to the 11-year follow-up*

### F\_QDATE

*Date when the questionnaire was completed*

### F\_VERSION

*Indicator for which version of the questionnaire the adult have completed. There are two versions and the 6 of April 2011 one more question was added (E119)*

3. version 1
4. version 2

### F\_SEX

1. boy
2. girl

## Background information

*Dear [Fnavn],*

*Thanks, for participating in DNBCs 11-year follow-up. You should know that you by participating are contributing to research that in the future will affect other people's health. This questionnaire is mostly about [childs name] but also a bit about [childs name]'s biological parents.*

*You may find it difficult to answer some of the questions so it correlates with your exact situation. We know this can be frustrating but please try to find an answer as close as possible.*

### F001 Are you [childs name] biological mother?

1. yes -> F002
2. no
99. not answered

Depending on F001

F001A the questionnaire is filled out by [childs name's]

1. biological father ->F002
2. father (not biological/ stepfather) ->F002
3. mother (not biological/ step mother) ->F002
4. grandparent ->F002
5. other -> F001B
99. not answered
100. not applicable

*(Can be skipped without answering)*

Depending on F001 F001A

F001B other \_\_\_\_\_

Not answered=99, irrelevant=100

F002 Do you live with [childs name]?

1. yes, all the time
2. yes, some of the time (agreement about shared time)
3. no
99. not answered

## **Diet, organic food and vitamins**

*How often has [childs name] eaten the following foods during the past month?*

F003\_1 Meat/ meat cold cuts for lunch?

1. 6-7 per week
2. 4-5 times per week
3. 2-3 times per week
4. Once a week
5. 2-3 times per month
6. 1 time or less per month
7. never
99. not answered

F003\_2 Meat for supper?

1. 6-7 times per week
2. 4-5 times per week
3. 2-3 times per week
4. Once a week
5. 2-3 times per month
6. 1 times or less per month
7. never
99. not answered

F003\_3 Fish/fish cold cuts for lunch?

1. 6-7 times per week
2. 4-5 times per week

3. 2-3 times per week
4. Once a week
5. 2-3 times per month
6. 1 time or less per month
7. never
99. not answered

**F003\_4 Fish for supper?**

1. 6-7 times per week
2. 4-5 times per week
3. 2-3 times per week
4. Once a week
5. 2-3 times per month
6. 1 time or less per month
7. never
99. not answered

**F003\_5 Vegetables (raw, baked, boiled, fried, in casseroles)?**

1. 6-7 times per week
2. 4-5 times per week
3. 2-3 times per week
4. Once a week
5. 2-3 times per month
6. 1 time or less per month
7. never
99. not answered

**F004 Do you buy organic foods?**

1. yes, almost always
2. yes, sometimes
3. no -> F006
99. missing

*( Can be skipped without answering)*

**F005 Which of the following foods do you typically buy organic?**

Depending on F004

- F005\_1 milk
- F005\_2 other dairy products
- F005\_3 eggs
- F005\_4 meat
- F005\_5 fruit
- F005\_6 vegetables
- F005\_7 juice
- F005\_8 flour
- F005\_9 pasta
- F005\_10 rice
- F005\_11 oatmeal, muesli etc.
- F005\_12 bread

F005\_13 candy, ice cream and the like  
F005\_14 vine and beer  
F005\_15 lemonade  
F005\_16 Soda  
1=yes, not answered=99, irrelevant=100

## Sun and sunscreen

F006 For how many weeks during the past 12 month has [child name] been exposed to strong sun when travelling south?

1. 0
2. 1
3. 2
4. 3
5. 4
6. 5
7. 6
8. 7
9. 8
- 10.9
- 11.10 or more
99. not answered

F007 Does [child name] make sure to always use sunscreen?

1. yes, extremely
2. yes, a little
3. no
99. not answered

F008 During the summer, how much time does [child name] typically spend in the sun during a school day?

1. Less than 30 min.
2. more than 30 min., less than 1 hour
3. more than 1 hour, less than 2 hours
4. more than 2 hours, less than 3 hours
5. 3 hours or more
99. not answered

F009 During the summer, how much time does [child name] typically spend in the sun on a day off?

1. Less than 30 min.
2. more than 30 min., less than 1 hour
3. more than 1 hours, less than 2 hours
4. more than 2 hours, less than 3 hours
5. 3 hours or more
99. not answered

F010 Does it sometimes happen that [child name] gets sunburned?

1. yes, often

2. yes, sometime
3. rarely
4. never
99. not answered

## Immunization

**F011** Since [child name] was 7 years old, has [he/she] received any vaccines?

1. yes
2. no -> F013
99. not answered

**F012** Which vaccines? Tick off all appropriate vaccines.

Depending on F011

- F012\_1 HPV (cervical cancer/human papilloma virus) ->F012\_1A
  - F012\_2 contagious hepatitis, hepatitis A – Havrix -> F012\_2A
  - F012\_3 contagious hepatitis, hepatitis A – Gammaglobin -> F012\_3A
  - F012\_4 contagious hepatitis, hepatitis B – Engerix -> F012\_4A
  - F012\_5 contagious hepatitis, hepatitis A+ B – Twinrix -> F012\_5A
  - F012\_6 meningitis -> F012\_6A
  - F012\_7 yellow fever -> F012\_7A
  - F012\_8 cholera -> F012\_8A
  - F012\_9 BCG/ calmette /tuberculosis -> F012\_9A
  - F012\_10 typhoid fever -> F012\_10A
  - F012\_11 rabies -> F012\_11A
  - F012\_12 tetanus -> F012\_12A
  - F012\_13 MFR (measles/mumps/rubella) -> F012\_13A
  - F012\_14 other vaccine -> F012\_14A
- 1=yes, not answered=99, irrelevant=100

Depending on F011 F012\_1

**F012\_1A** How old was [child name]?

1. 7 years
2. 8 years old
3. 9 years old
4. 10 years old
5. 11 years old
6. 12 years old
7. 13 years old
8. Don't remember
99. not answered
100. not applicable

Depending on F011 F012\_2

**F012\_2A** How old was [child name]?

1. 7 years old
2. 8 years old
3. 9 years old
4. 10 years old

5. 11 years old
6. 12 years old
7. 13 years old
8. don't remember
99. not answered
100. not applicable

Depending on F011 F012\_3

F012\_3A How old was [child name]?

1. 7 years old
2. 8 years old
3. 9 years old
4. 10 years old
5. 11 years old
6. 12 years old
7. 13 years old
8. don't remember
99. not answered
100. not applicable

Depending on F011 F012\_4

F012\_4A How old was [child name]?

1. 7 years old
2. 8 years old
3. 9 years old
4. 10 years old
5. 11 years old
6. 12 years old
7. 13 years old
8. don't remember
99. not answered
100. not applicable

Depending on F011 F012\_5

F012\_5A How old was [child name]?

1. 7 years old
2. 8 years old
3. 9 years old
4. 10 years old
5. 11 years old
6. 12 years old
7. 13 years old
8. don't remember
99. not answered
100. not applicable

Depending on F011 F012\_6

F012\_6A How old was [child name]?



1. 7 years old
2. 8 years old
3. 9 years old
4. 10 years old
5. 11 years old
6. 12 years old
7. 13 years old
8. don't remember
99. not answered
100. not applicable

Depending on F011 F012\_7

F012\_7A How old was [child name]?

1. 7 years old
2. 8 years old
3. 9 years old
4. 10 years old
5. 11 years old
6. 12 years old
7. 13 years old
8. don't remember
99. not answered
100. not applicable

Depending on F011 F012\_8

F012\_8A How old was [child name]?

1. 7 years old
2. 8 years old
3. 9 years old
4. 10 years old
5. 11 years old
6. 12 years old
7. 13 years old
8. don't remember
99. not answered
100. not applicable

Depending on F011 F012\_9

F012\_9A How old was [child name]?

1. 7 years old
2. 8 years old
3. 9 years old
4. 10 years old
5. 11 years old
6. 12 years old
7. 13 years old
8. don't remember
99. not answered

100. not applicable

Depending on F011 F012\_10

F012\_10A How old was [child name]?

1. 7 years old
2. 8 years old
3. 9 years old
4. 10 years old
5. 11 years old
6. 12 years old
7. 13 years old
8. don't remember
99. not answered
100. not applicable

Depending on F011 F012\_11

F012\_11A How old was [child name]?

1. 7 years old
2. 8 years old
3. 9 years old
4. 10 years old
5. 11 years old
6. 12 years old
7. 13 years old
8. don't remember
99. not answered
100. not applicable

Depending on F011 F012\_12

F012\_12A How old was [child name]?

1. 7 years old
2. 8 years old
3. 9 years old
4. 10 years old
5. 11 years old
6. 12 years old
7. 13 years old
8. don't remember
99. not answered
100. not applicable

Depending on F011 F012\_13

F012\_13A How old was [child name]?

1. 7 years old
2. 8 years old
3. 9 years old
4. 10 years old
5. 11 years old

6. 12 years old
7. 13 years old
8. don't remember
99. not answered
100. not applicable

Depending on F011 F012\_14

F012\_14A How old was [child name]?

1. 7 years old
2. 8 years old
3. 9 years old
4. 10 years old
5. 11 years old
6. 12 years old
7. 13 years old
8. don't remember
99. not answered
100. not applicable

## Phones and wireless networks at home

F013 How many active cell phones do you have in your home?

1. 0 -> F015
2. 1
3. 2
4. 3
5. 4
6. 5
7. 6
8. 7
9. 8
10. 9
11. 10 or more
99. not answered

*(Can be skipped without being answered)*

F014 Does your [son/daughter] talk on a cell phone? (not including messages, games and the like)

Depending on F013

1. yes, but less than 1 hour per week
2. yes, more than 1 hour per week
3. no, never
99. not answered
100. not applicable

F015 Do you have (a) landline phone(s) at home?

1. yes

- 2. no
- 99. not answered

F016 Do you have (a) cordless landline phone(s) at home?

- 1. yes
- 2. no
- 99. not answered

F017 Do you have wireless internet at home?

- 1. yes
- 2. no
- 99. not answered

F018 Does your [son/daughter] use the cordless phone for more than 1 hour every day?

Depending on F016

- 1. yes
- 2. no
- 99. not answered
- 100. not applicable

## In the swimming pool

F019 Did [child name] attend baby swimming?

- 1. yes
- 2. no -> F021
- 99. not answered

F019A For how many months in total did [child name] attend baby swimming (approximately)?

Depending on F019

1-36 months, not answered=99, irrelevant=100

F020 How much time did [child name] typically spend in the pool (Not including time spent on changing clothes, sauna etc.)

Depending on F019

- 1. Less than 15 min
- 2. 15-30 min
- 3. 31-60 min
- 4. More than 1 hour
- 99. not answered
- 100. not applicable

F021 Has [child name] attended swimming class at another time?

- 1. yes
- 2. no -> F023
- 3. 99. not answered

F022 How old was [child name] when [child name] attended swimming class? Tick of more than one if appropriate.

Depending on F021

F022\_1 4 years-> F022\_1A

F022\_2 5 years-> F022\_2A

F022\_3 6 years-> F022\_3A

F022\_4 7 years-> F022\_4A

F022\_5 8 years-> F022\_5A

F022\_6 9 years-> F022\_6A

F022\_7 10 years-> F022\_7A

F022\_8 11 year-> F022\_8A

F022\_9 12 years-> F022\_9A

1=yes, not answered=99, irrelevant=100

Depending on F021 F022\_1

F022\_1A How often did [child name] attend swimming class?

1. 4 or more times per week
2. 3 times per week
3. 2 times per week
4. 1 time per week
5. Not every week
99. not answered
100. not applicable

Depending on F021 F022\_2

F022\_2A How often did [child name] attend swimming class?

1. 4 or more times per week
2. 3 times per week
3. 2 times per week
4. 1 time per week
5. Not every week
99. not answered
100. not applicable

Depending on F021 F022\_3

F022\_3A How often did [child name] attend swimming class?

1. 4 or more times per week
2. 3 times per week
3. 2 times per week
4. 1 time per week
5. Not every week

- 99. not answered
- 100. not applicable

Depending on F021 F022\_4

F022\_4A How often did [child name] attend swimming class?

- 1. 4 or more times per week
- 2. 3 times per week
- 3. 2 times per week
- 4. 1 time per week
- 5. Not every week
- 99. not answered
- 100. not applicable

Depending on F021 F022\_5

F022\_5A How often did [child name] attend swimming class?

- 1. 4 or more times per week
- 2. 3 times per week
- 3. 2 times per week
- 4. 1 time per week
- 5. Not every week
- 99. not answered
- 100. not applicable

Depending on F021 F022\_6

F022\_6A How often did [child name] attend swimming class?

- 1. 4 or more times per week
- 2. 3 times per week
- 3. 2 times per week
- 4. 1 time per week
- 5. Not every week
- 99. not answered
- 100. not applicable

Depending on F021 F022\_7

F022\_7A How often did [child name] attend swimming class?

- 1. 4 or more times per week
- 2. 3 times per week
- 3. 2 times per week
- 4. 1 time per week
- 5. Not every week
- 99. not answered
- 100. not applicable

Depending on F021 F022\_8

F022\_8A How often did [child name] attend swimming class?

1. More times per week
2. 3 times per week
3. 2 times per week
4. 1 time per week
5. Not every week
99. not answered
100. not applicable

Depending on F021 F022\_9

F022\_9A How often did [child name] attend swimming class?

1. 4 or more times per week
2. 3 times per week
3. 2 times per week
4. 1 time per week
5. Not every week
99. not answered
100. not applicable

F023 How often was [child name] in a swimming pool (not including swimming classes) when [child name] was:

F023\_1 4-6 years

1. More than once a week
2. Once a week
3. Approximately every second week
4. Approximately once a month
5. Approximately every second month
6. Rarely or never
99. not answered

F023\_2 7-9 years

1. More than once a week
2. Once a week
3. Approximately every second week
4. Approximately once a month
5. Approximately every second month
6. Rarely or never
99. not answered

F023\_3 10-12 years

1. More than once a week
2. Once a week
3. Approximately every second week
4. Approximately once a month
5. Approximately every second month
6. Rarely or never
99. not answered

### **Living situation and indoor climate**

*(The respondent will only receive the questions F2024-F038 and F044-F045 if they stated that they live together with the child (F002) )*

**F024 How many individuals live in your home in total?**

Depending on F002

F024\_1 Number of adults

1. 1
2. 2
3. 3
4. 4
5. 5
6. 6
7. 7
8. 8
9. 9
10. 10 or more
99. not answered
100. not applicable

Depending on F002

F024\_2 Number of children

1. 1
2. 2
3. 3
4. 4
5. 5
6. 6
7. 7
8. 8
9. 9
10. 10 or more



- 99. not answered
- 100. not applicable

**F025 How old was [child name] when you moved to your current home?**

Depending on F002

- 1. 0
- 2. 1
- 3. 2
- 4. 3
- 5. 4
- 6. 5
- 7. 6
- 8. 7
- 9. 8
- 10. 9
- 11. 10
- 12. 11
- 13. 12
- 14. 13
- 99. not answered
- 100. not applicable

**F026 Do you rent your home, live in a cooperative or own your home?**

Depending on F002

- 1. Rent
- 2. Cooperative
- 3. Own
- 4. Living with parents
- 5. Without housing (e.g. temporarily staying with friends)
- 99. not answered
- 100. not applicable

**F027 What type of housing do you live in?**

Depending on F002

- 1. Apartment (in block of flats)
- 2. Flat (in house with 2-3 units)
- 3. Terraced house/semi-detached house -> F030
- 4. Detached house -> F030
- 5. Farm/ farmhouse -> F029
- 6. Room

7. Other
99. not answered
100. not applicable

**F028 What floor do you live on?**

Depending on F002 F027

1. basement
2. ground floor
3. mezzanine (intermediate floor)
4. 1. floor
5. 2. floor
6. 3. floor
7. 4. floor
8. 5. floor or higher
99. not answered
100. not applicable

**F029 Are there livestock (horses, pigs, cows, sheep etc.) on your farm?**

Depending on F002 F027

1. yes
2. no
99. not answered
100. not applicable

**F030 How many square meters (m<sup>2</sup>) is your living space?**

Depending on F002

1. under 50 m<sup>2</sup>
2. 50-69 m<sup>2</sup>
3. 70-89 m<sup>2</sup>
4. 90-109 m<sup>2</sup>
5. 110-139 m<sup>2</sup>
6. 140-179 m<sup>2</sup>
7. 180 m<sup>2</sup>-
99. not answered
100. not applicable

**F031 When was the building raised?**

Depending on F002

1. before 1940
2. 1941-1960
3. 1961-1970
4. 1971-1976

5. 1977-1983
6. 1984-1993
7. 1994-2000
8. after 2000
9. don't know
99. not answered
100. not applicable

**F032 How many rooms – living rooms and bedrooms- does your home have?**

Depending on F002

1. 2
2. 3
3. 4
4. 5
5. 6
6. 7
7. 8
8. 9
9. 10 or more
99. not answered
100. not applicable

**F033 What type of stove does your home have?**

Depending on F002

1. Electronic plates (possibly induction) and oven
2. Burner and gas oven
3. Burner and electric oven
4. Other
99. not answered
100. not applicable

**F034 Is there an exhaust hood in the kitchen?**

Depending on F002

1. yes
2. no -> F036
99. not answered
100. not applicable

**F035 Do you use the exhaust hood when you cook?**

Depending on F002 F034

1. Yes, always
2. Yes, often

3. Yes, rarely
4. Never
99. not answered
100. not applicable

F036 Do you have a wood-burning stove or fireplace?

Depending on F002

1. yes
2. no -> F038
99. not answered
100. not applicable

F037 How often do you use the wood-burning stove or fireplace during the winter season?

Depending on F002 F036

1. More than once daily
2. Daily
3. 5-6 times weekly
4. 3-4 times weekly
5. 1-2 times weekly
6. Less than one time a week
7. Never or extremely rarely
99. not answered
100. not applicable

*(Kan springes over uden at besvare)*

F038\_1 How often do you light candles in your home during summer?

Depending on F002

1. Every day
2. 5-6 times weekly
3. 3-4 times weekly
4. 1-2 times weekly
5. Less than one time a week
6. Never or extremely rarely
99. not answered
100. not applicable

*(Can be skipped without being answered)*

F038\_2 How often do you light candles in your home during winter?

Depending on F002

1. Every day
2. 5-6 times weekly

3. 3-4 times weekly
4. 1-2 times weekly
5. Less than once a week
6. Never or extremely rarely
99. not answered
100. not applicable

F039 Do smokers live in your home?

1. yes
2. no -> F041
99. not answered

F040 Where in the home do people smoke?

Depending on F039

1. All or almost all rooms
2. living room
3. mostly in rooms where the [child name] is not staying
4. at an extractor fan or an open window
5. outdoors
99. not answered
100. not applicable

F041 On what floor is [child name]'s bedroom located?

1. basement
2. ground level
3. 1. floor or higher
99. not answered

F042 Have you noted condensation or moisture on the windows in [child name]'s bedroom?

4. yes, on more than the lowest 5 cm of the window
5. yes, on less than the lowest 5 cm of the window
6. no
7. don't know
8. 99. not answered

F043 In the winter - is [child name]'s bedroom significantly colder than the rest of the home?

1. yes
2. no
99. not answered

F044 Do you keep pets indoors in your home?

Depending on F002

1. yes
2. no -> F046
99. not answered
100. not applicable

F045\_1-6 Which pets do you keep indoors? (you can tick off more than one animal)

Depending on F002 F044

- F045\_1 cat  
F045\_2 dog  
F045\_3 rodent (rabbit, hamster etc.)  
F045\_4 bird  
F045\_5 aquarium fish  
F046\_6 other pets

1=yes, not answered=99, irrelevant=100

*(Can be skipped without being answered)*

F046 Have you at any time had a flood or other types of water damage in your home?

1. yes
2. no -> F049
99. not answered

*(Can be skipped without being answered)*

F047\_1-6 In what room/ part of the house?

Depending on F046

- F047\_1 the child's bedroom  
F047\_2 living room(s)  
F047\_3 kitchen  
F047\_4 bathroom  
F047\_5 basement  
F047\_6 other rooms

1=yes, not answered=99, irrelevant=100

F048 How many times has your home been affected by water damage?

Depending on F046 F047\_1

- F048\_1 the child's bedroom
1. one time
  2. multiple times
  99. not answered

100. not applicable

Depending on F046 F047\_2

F048\_2 Living room(s)

1. one time
2. multiple times
99. not answered
100. not applicable

Depending on F046 F047\_3

F048\_3 Kitchen

1. one time
2. multiple times
99. not answered
100. not applicable

Depending on F046 F047\_4

F048\_4 Bathroom

1. one time
2. multiple times
99. not answered
100. not applicable

Depending on F046 F047\_5

F048\_5 Basement

1. one time
2. multiple times
99. not answered
100. not applicable

Depending on F046 F047\_6

F048\_6 Other rooms

1. one time
2. multiple times
99. not answered
100. not applicable

F049 Have you noticed visible signs of moisture or mold in parts of your home?

1. yes
2. no ->F052
99. not answered

F050\_1-6 In what rooms have you noticed moisture/ mold?

Depending on F049

F050\_1 child's bedroom -> F051\_1A-E

F050\_2 kitchen -> F051\_2A-E

F050\_3 living room -> F051\_3A-E

F050\_4 bathroom -> F054\_1A-E

F050\_5 basement -> F055\_1A-E

F050\_6 other rooms -> F056\_1A-E

1=yes, not answered=99, irrelevant=100

F051 What type of moisture or mold did you notice in the places concerned?

Depending on F049 F050\_1

Child's bedroom

F051\_1A visible moisture

F051\_1B visible mold

F051\_1C loose/ discolored coating

F051\_1D moldy smell

F051\_1E other

1=yes, not answered=99, irrelevant=100

Depending on F049 F050\_2

Kitchen

F051\_2A visible moisture

F051\_2B visible mold

F051\_2C loose/ discolored coating

F051\_2D moldy smell

F051\_2E other

1=yes, not answered=99, irrelevant=100

Depending on F049 F050\_3

Living room

F051\_3A visible moisture

F051\_3B visible mold

F051\_3C loose/ discolored coating

F051\_3D moldy smell

F051\_3E other

1=yes, not answered=99, irrelevant=100

Depending on F049 F050\_4

Bathroom

F051\_4A visible moisture

F051\_4B visible mold



F051\_4C loose/ discolored coating  
F051\_4D moldy smell  
F051\_4E other  
1=yes, not answered=99, irrelevant=100

Depending on F049 F050\_5  
Basement  
F051\_5A visible moisture  
F051\_5B visible mold  
F051\_5C loose/ discolored coating  
F051\_5D moldy smell  
F051\_5E other  
1=yes, not answered=99, irrelevant=100

Depending on F049 F050\_6  
Other rooms  
F051\_6A visible moisture  
F051\_6B visible mold  
F051\_6C loose/ discolored coating  
F051\_6D moldy smell  
F051\_6E other  
1=yes, not answered=99, irrelevant=100

## **Handicaps, illness and infections**

*(Question F052 is added April 6, 2011 and therefor it only occurs in version2)*

*(Can be skipped without being answered)*

F052 Has your child ever had an outbreak of the illness psoriasis?

1. yes
2. no
99. not answered

F053 Does [child name] have any severe disabilities or handicap?

1. yes
2. no -> F055
99. not answered

F054\_1-7 Which of the following disabilities/ handicap does [child name] have?

Depending on F053

- F054\_1 serious speech impairment  
F054\_2 deafness/ severe impaired hearing  
F054\_3 blindness/ severe impaired vision  
F054\_4 Intellectual disability (e.g. mongolism or as a result of encephalitis)

F054\_5 Cerebral palsy (cerebral palse)  
F054\_6 other motor disability  
F054\_7 other -> F054\_7A  
1=yes, not answered=99, irrelevant=100

*(Can be skipped without being answered)*

Depending on F053 F054\_7  
F054\_7A \_\_\_\_\_other disability / handicap

F055 Has [child name] ever had any of the following childhood diseases?

F055\_1 whooping cough

1. yes
2. no -> F055\_2
99. not answered

Depending on F055\_1

F055\_1A

1. 0 years
2. 1 year
3. 2 years
4. 3 years
5. 4 years
6. 5 years
7. 6 years
8. 7 years
9. 8 years
10. 9 years
11. 10 years
12. 11 years
13. 12 years
14. 13 years
15. Don't know
99. not answered
100. not applicable

F055\_2 rubella

1. yes
2. no -> F055\_3
99. not answered

Depending on F055\_2

F055\_2A

1. 0 years
2. 1 year
3. 2 years
4. 3 years
5. 4 years
6. 5 years
7. 6 years
8. 7 years
9. 8 years
10. 9 years
11. 10 years
12. 11 years
13. 12 years
14. 13 years
15. Don't know
99. not answered
100. not applicable

F055\_3 mumps

1. yes
2. no -> F055\_4
99. not answered

Depending on F055\_3

F055\_3A

1. 0 years
2. 1 year
3. 2 years
4. 3 years
5. 4 years
6. 5 years
7. 6 years
8. 7 years
9. 8 years
10. 9 years
11. 10 years
12. 11 years
13. 12 years
14. 13 years
15. don't know
99. not answered

100. not applicable

F055\_4 chickenpox

1. yes
2. no -> F055\_5
99. not answered

Depending on F055\_4

F055\_4A

1. 0 years
2. 1 year
3. 2 years
4. 3 years
5. 4 years
6. 5 years
7. 6 years
8. 7 years
9. 8 years
10. 9 years
11. 10 years
12. 11 years
13. 12 years
14. 13 years
15. don't know
99. not answered
100. not applicable

F055\_5 measles

1. yes
2. no -> F055\_6
99. not answered

Depending on F055\_5

F055\_5A

1. 0 years
2. 1 year
3. 2 years
4. 3 years
5. 4 years
6. 5 years
7. 6 years

8. 7 years
9. 8 years
10. 9 years
11. 10 years
12. 11 years
13. 12 years
14. 13 years
15. don't know
99. not answered
100. not applicable

F055\_6 three-day-fever

1. yes
2. no -> F055\_7
99. not answered

Depending on F055\_6

F055\_6A

1. 0 years
2. 1 year
3. 2 years
4. 3 years
5. 4 years
6. 5 years
7. 6 years
8. 7 years
9. 8 years
10. 9 years
11. 10 years
12. 11 years
13. 12 years
14. 13 years
15. don't know
99. not answered
100. not applicable

F055\_7 fifth disease (parvovirus B19)

1. yes
2. no -> F055\_7
99. not answered

Depending on F055\_7  
F055\_7A

1. 0 years
2. 1 year
3. 2 years
4. 3 years
5. 4 years
6. 5 years
7. 6 years
8. 7 years
9. 8 years
10. 9 years
11. 10 years
12. 11 years
13. 12 years
14. 13 years
15. don't know
99. not answered
100. not applicable

### **Infections – how often and for how long at a time?**

F056 In the past year – has [child name] had a cold?

1. yes
2. no -> F059
99. not answered

F057 How often did the cold last more than 3 consecutive days?

Depending on F056

1. never ->F059
2. 1-2 times
3. 3-4 times
4. 5-6 times
5. more than 6 times
6. it has almost been a chronic condition
99. not answered
100. not applicable

F058 In the past year, for how many days has [child name] been using a nasal spray?

Depending on F056 F057

1. never
2. 1-7 days
3. 8-14 days
4. 15-30 days
5. over 30 days
99. not answered
100. not applicable

F059 In the past year - has [child name] had influenza?

1. yes
2. no -> F061
99. not answered

F060 How often did the influenza last more than 3 consecutive days?

Depending on F059

1. never
2. 1-2 times
3. 3-4 times
4. 5-6 times
5. more than 6 times
99. not answered
100. not applicable

F061 In the past year - has [child name] had pneumonia?

1. yes
2. no -> F066
99. not answered

F062 How often did the pneumonia last more than 3 consecutive days?

Depending on F061

1. 1 time
2. 2 times -> F064
3. 3 times -> F064
4. 4 times -> F064
5. 5 times -> F064
6. 6 times -> F064
7. More than 6 times -> F064
99. not answered
100. not applicable

F063 Was the pneumonia diagnosed by a doctor?

Depending on F062

1. yes ->F065
2. no -> F065
99. not answered
100. not applicable

**F064** In how many cases was the pneumonia diagnosed by a doctor?

Depending on F061 F062

1. 1-2 times
2. 3-4 times
3. 5-6 times
4. More than 6 times
99. not answered
100. not applicable

**F065** Did [child name] at any point receive treatment for pneumonia?

Depending on F061

1. yes
2. no
99. not answered
100. not applicable

**F066** In the past year - has [child name] had tonsillitis?

1. yes
2. no ->F068
99. not answered

**F067** How often did the tonsillitis last more than 3 consecutive days?

Depending on F066

1. never
2. 1-2 times
3. 3-4 times
4. 5-6 times
5. more than 6 times
99. not answered
100. not applicable

**F068** In the past year - has [child name] had conjunctivitis?

1. yes
2. no -> F070
99. not answered



F069 How often did the conjunctivitis last more than 3 consecutive days?

Depending on F068

1. 1-2 times
2. 3-4 times
3. 5-6 times
4. more than 6 times
5. it has almost been a chronic condition
99. not answered
100. not applicable

F070 In the past year - has [child name] had herpes simplex?

1. yes
2. no -> F072
99. not answered

F071 How often did the herpes simplex last more than 3 consecutive days?

Depending on F070

1. 1-2 times
2. 3-4 times
3. 5-6 times
4. more than 6 times
5. it has almost been a chronic condition
99. not answered
100. not applicable

F072 In the past year - has [child name] had diarrhea?

1. yes
2. no -> F074
99. not answered

F073 How often did the diarrhea last more than 3 consecutive days?

Depending on F072

1. 1-2 times
2. 3-4 times
3. 5-6 times
4. more than 6 times
5. it has almost been a chronic condition
99. not answered
100. not applicable

F074 Has [child name] ever had urinary tract infection?

1. yes, 1-3 times

2. yes, more than 3 times
3. no
99. not answered

F075 Has [child name] ever had Otitis media?

1. yes, 1-3 times
2. yes, more than 3 times
3. no -> F077
99. not answered

F076 Has [child name] ever had drainage [dræn] in the ear(s)? Engelsk navn for denne type operation?

Depending on F075

1. yes, 1 time
2. yes, 2 times
3. yes, 3 or more times
4. no
99. not answered
100. not applicable

F077 Has [child name] ever had a concussion?

1. yes, 1 time
2. yes, 2 or more times
3. no
99. not answered

F078 Has [child name] ever broken an arm, leg, fingers or other?

1. yes, 1 time
2. yes, 2 or more times
3. no -> F080
99. not answered

F079-1-11 What parts of the body have been broken?

Depending on F078

- E079\_1 finger
- E079\_2 hand/ wrists
- E079\_3 arm
- E079\_4 foot/ ankle
- E079\_5 leg
- E079\_6 collarbone
- E079\_7 ribs
- E079\_8 pelvis

E079\_9 back/neck  
E079\_10 skull fracture  
E079\_11 other  
1=yes, not answered=99, irrelevant=100

### **Problems with breathing/ asthma**

**F080** Has [child name] ever had wheezing or whistling breathing?

1. yes
2. no -> F085
99. not answered

**F081** Has [child name] ever had wheezing or whistling breathing during the past year?

Depending on F080

1. yes
2. no -> F085
99. not answered
100. irrelevant

**F082** How many periods of wheezing has [child name]s had during the past year?

Depending on F080 and F081

1. never
2. 1 to 3 periods
3. 4 to 12 periods
4. 13 or more periods
99. not answered
100. not applicable

**F083** How often (on average) has [child name]'s sleep been disturbed due to wheezing in the past year?

Depending on F080 and F081

1. never
2. less than 1 night/week
3. 1 or more nights/week
99. not answered
100. not applicable

**F084** In the past year, has wheezing been severe enough to limit [child name] speech to only one or two words between breaths?

Depending on F080 and F081

1. yes

- 2. no
- 99. not answered
- 100. not applicable

F085 Has [child name] ever had asthma?

- 1. yes
- 2. no ->F089
- 99. not answered

F086 How old was [child name] when [child name] had [his/hers] first asthma attack?

Depending on F085

- 1. 0 years
- 2. 1 year
- 3. 2 years
- 4. 3 years
- 5. 4 years
- 6. 5 years
- 7. 6 years
- 8. 7 years
- 9. 8 years
- 10. 9 years
- 11. 10 years
- 12. 11 years
- 13. 12 years
- 14. 13 years
- 99. not answered
- 100. not applicable

F087 Has [child name] had an asthma attack in the past year?

Depending on F085

- 1. yes -> F089
- 2. no
- 99. not answered
- 100. not applicable

F088 How old was [child name] when [child name] had his/ her latest asthma attack?

Depending on F085 F087

- 1. 0 years
- 2. 1 year
- 3. 2 years
- 4. 3 years
- 5. 4 years

- 6. 5 years
- 7. 6 years
- 8. 7 years
- 9. 8 years
- 10. 9 years
- 11. 10 years
- 12. 11 years
- 13. 12 years
- 14. 13 years
- 99. not answered
- 100. not applicable

F089 Has [child name]s breathing sounded wheezy during or after exercise in the past year?

- 1. yes
- 2. no
- 99. not answered

F090 Has [child name] had a dry cough at night, apart from a cough associated with a cold or a chest infection, in the past year?

- 1. yes
- 2. no
- 99. not answered

F091 Has [child name] been given medicine for [his/hers] wheezy breathing or asthma (e.g. inhalators, spray or pills) in the past year?

Depending on F080 F085

- 1. yes
- 2. no ->F097
- 99. not answered
- 100. not applicable

F092\_1-4 What type of medicine has [child name] received?

Depending on F080 F085 F091

F092\_1 inhalations medicine -> F093

F092\_2 tablets -> F094

F092\_3 injections -> F095

F092\_4 nature medicine -> F096

1=yes, not answered=99, irrelevant=100

F093\_1-37 Inhalations medicine. You can mark the products your child has been given on the list one or more times

Depending on F080 F085 F091 F092\_1

F093\_1 airomir -> F093\_1A

F093\_2 aerobec -> F093\_2A

F093\_3 asmanex, twisthaler -> F093\_3A

F093\_4 atrovent -> F093\_4A

F093\_5 beclomet easyhaler -> F093\_5A  
 F093\_6 berodual -> F093\_6A  
 F093\_7 bricany -> F093\_7A  
 F093\_8 budesonid -> F093\_8A  
 F093\_9 buvento easyhaler -> F093\_9A  
 F093\_10 combivent -> F093\_10A  
 F093\_11 delnil -> F093\_11A  
 F093\_12 dracanyl turbohaler -> F093\_12A  
 F093\_13 duovent -> F093\_13A  
 F093\_14 flixotide -> F093\_14A  
 F093\_15 foradil -> F093\_15A  
 F093\_16 formo easyhaler -> F093\_16A  
 F093\_17 giana easyhaler -> F093\_17A  
 F093\_18 ipramol Steri-Neb -> F093\_18A  
 F093\_19 ipratopiumbromid -> F093\_19A  
 F093\_20 lomudal -> F093\_20A  
 F093\_21 miflonide -> F093\_21A  
 F093\_22 oxis turbohaler -> F093\_22A  
 F093\_23 pilmicort turbohaler -> F093\_23A  
 F093\_24 rilast forte turbohaler -> F093\_24A  
 F093\_25 salamol -> F093\_25A  
 F093\_26 salbutamol -> F093\_26A  
 F093\_27 salbuvent -> F093\_27A  
 F093\_28 seretide -> F093\_28A  
 F093\_29 serevent -> F093\_29A  
 F093\_30 sinestic -> F093\_30A  
 F093\_31 spiriva -> F093\_31A  
 F093\_32 spirocort turbohaler -> F093\_32A  
 F093\_33 symbicort turbohaler -> F093\_33A  
 F093\_34 terbasmin turbohaler -> F093\_34A  
 F093\_35 tilade -> F093\_35A  
 F093\_36 ventoline -> F093\_36A  
 F093\_37 don't remember the name -> F093\_37A  
 1=yes, not answered=99, irrelevant=100

F093\_1A-F093\_37A How often has [child name] received these products?

Depending on F080 F085 F091 F092\_1 F093\_1-F093\_37

1. I connection to physical activity
2. Per need
3. regularly (every day in a period of maximum 2 months)
99. not answered
100. not applicable

*For each product it is possible to specify how often and in which context the product was given to the child.*

F094\_1-11 Tablets. You can mark the products your child has been given on the list one or more times

Depending on F080 F085 F091 F092\_2  
 F094\_1 bambec -> F094\_1A  
 F094\_2 hydrocortison -> F094\_2A  
 F094\_3 nuelin retard -> F094\_3A  
 F094\_4 medrol -> F094\_4A  
 F094\_5 oxeol -> F094\_5A  
 F094\_6 prednison -> F094\_6A  
 F094\_7 singulair -> F094\_7A  
 F094\_8 theo-dur -> F094\_8A  
 F094\_9 unixan -> F094\_9A  
 F094\_10 volmax -> F094\_10A  
 F094\_11 don't remember the name -> F094\_11A  
 1=yes, not answered=99, irrelevant=100

**F094\_1A-11A How often has [child names] received these preparations?**

Depending on F080 F085 F091 F092\_2 F094\_1-F094\_11  
 1. In connection to physical activity  
 2. Per need  
 3. regularly (every day in a period of maximum 2 months)  
 99. not answered  
 100. not applicable

*For each product it is possible to specify how often and in which context the product was given to the child.*

**F095\_1-4 Injections. You can mark the products your child has been given on the list one or more times**

Depending on F080 F085 F091 F092\_3  
 F095\_1 solu-cortef -> F095\_1A  
 F095\_2 solu-medrol -> F095\_2A  
 F095\_3 teofylamin -> F095\_3A  
 F095\_4 don't remember the name  
 1=yes, not answered=99, irrelevant=100

**F095\_1A- F095\_4A How often has [child names] received these products?**

Depending on F080 F085 F091 F092\_3 F095\_1-F095\_4  
 1. In connection to physical activity  
 2. Per need  
 3. regularly (every day in a period of maximum 2 months)  
 99. not answered  
 100. not applicable

*At each preparation, it is possible to specify how often and in which context the preparation was given to the child.*

**F096 Herbal medicine. You can mark the products your child has been given on the list one or more times**

Depending on F080 F085 F091 F092\_4

1. Yes, but I don't know the name
2. yes, name of preparation -> F096A
3. no
99. not answered
100. not applicable

*(Can be skipped without being answered)*

Depending on F080 F085 F091 F092\_4 F096

F096A \_\_\_\_\_ other

**F097** Has [child name] a peakflow-meter at home?

Depending on F085

1. yes
2. no
99. not answered
100. not applicable

**F098** How many of [child name]'s full siblings (biological) have ever had asthma?

Depending on F085

1. has no full siblings
2. 0 with asthma
3. 1 with asthma
4. 2 with asthma
5. 3 with asthma
6. 4 with asthma
7. 5 or more with asthma
99. not answered
100. not applicable

### **Blocked/running nose and itchy/watery eyes**

**F099** Has [child name] ever suffered from sneezing/ running or blocked nose, even though [child name] did not have a cold or an influenza?

1. yes
2. no -> F104
99. not answered

**F100** In the past year has [child name] ever suffered from sneezing/ running or blocked nose, even though [child name] did not have a cold or an influenza?

Depending on F099

1. yes
2. no -> F104



99. not answered  
100. not applicable

*(Can be skipped without being answered)*

F101\_1-12 In which of the last 12 months had [child name] experienced such "nose problems"?

Depending on F099 F100

F101\_1 January  
F101\_2 February  
F101\_3 March  
F101\_4 April  
F101\_5 May  
F101\_6 June  
F101\_7 July  
F101\_8 August  
F101\_9 September  
F101\_10 October  
F101\_11 November  
F101\_12 December

1=yes, not answered=99, irrelevant=100

F102 How much does these "nose problems" affect [child names] daily tasks?

Depending on F099 F100

1. not at all  
2. a little  
3. some  
4. very  
99. not answered  
100. not applicable

F103 Has [child name] at the same time as such "nose problems" suffered from itchy/ watery eyes in the past year?

Depending on F099 F100

1. yes  
2. no  
99. not answered  
100. not applicable

F104 Has a doctor at any time said, that [child name] has hay fever?

1. yes  
2. no  
99. not answered

F105 Has [child name] ever been vaccinated to prevent or treat a "nose problem" or hay fever?

1. yes
2. no
99. not answered
100. not applicable

F106 Has [child name] received any medicine against hay fever or running/blocked nose, when [child name] did not have a cold or influenza in the past year?

1. yes
2. no -> F112
99. not answered

*(Can be skipped without being answered)*

F107\_1-4 What type of medicine has [child name] received?

Depending on F106

F107\_1 nasal spray -> F108

F107\_2 eye drops -> F109

F107\_3 tablets -> F110

F107\_4 nature medicine -> F111

1=yes, not answered=99, irrelevant=100

F108\_1-14 Nasal spray

Depending on F106 107\_1

F108\_1 allergodil -> F108\_1A

F108\_2 avamys -> F108\_2A

F108\_3 econase -> F108\_3A

F108\_4 flixonase -> F108\_4A

F108\_5 fluticasonpropionat -> F108\_5A

F108\_6 livostin -> F108\_6A

F108\_7 lomudal -> F108\_7A

F108\_8 nasacort -> F108\_8A

F108\_9 nasomet -> F108\_9A

F108\_10 nasonex -> F108\_10A

F108\_11 rhinocort -> F108\_11A

F108\_12 rhinosol -> F108\_12A

F108\_13 zymelin -> F108\_13A

F108\_14 don't remember the name -> F108\_14A

1=yes, not answered=99, irrelevant=100

*(Can be skipped without being answered)*

F108\_1A-14A How often has [child names] received these products?

Depending on F106 107\_1 F108\_1-14

1. In connection to physical activity
2. Per need

- 3. regularly (every day in a period of maximum 2 months)
- 99. not answered
- 100. not applicable

*At each preparation, it is possible to specify how often and in which context the preparation was given to the child.*

#### F109\_1-13 Eye drops

Depending on F106 F107\_2  
 F109\_1 allergodil -> F109\_1A  
 F109\_2 alomide -> F109\_2A  
 F109\_3 ansal -> F109\_3A  
 F109\_4 antistina-privin -> F109\_4A  
 F109\_5 emadine -> F109\_5A  
 F109\_6 lecrolin -> F109\_6A  
 F109\_7 livostin -> F109\_7A  
 F109\_8 lomuda -> F109\_8A  
 F109\_9 opatanol -> F109\_9A  
 F109\_10 tilavist -> F109\_10A  
 F109\_11 visine/visiclear -> F109\_11A  
 F109\_12 zaditen -> F109\_12A  
 F109\_13 don't remember navnet -> F109\_13A  
 1=yes, not answered=99, irrelevant=100

*(Can be skipped without being answered)*

#### F109\_1A-13A How often has [child names] received these products?

Depending on F106 F107\_2 F109\_1-13

- 1. In connection to physical activity
- 2. Per need
- 3. regularly (every day in a period of maximum 2 months)
- 99. not answered
- 100. not applicable

*At each preparation, it is possible to specify how often and in which context the preparation was given to the child.*

#### F110\_1-26 Tablets

Depending on F106 F107\_3  
 F110\_1 aeries -> F110\_1A  
 F110\_2 alnok -> F110\_2A  
 F110\_3 benaday -> F110\_3A  
 F110\_4 benadryl -> F110\_4A  
 F110\_5 cetirizin -> F110\_5A  
 F110\_6 clarinase -> F110\_6A  
 F110\_7 clarityn -> F110\_7A

F110\_8 duact -> F110\_8A  
 F110\_9 durfin -> F110\_9A  
 F110\_10 kestine -> F110\_10A  
 F110\_11 loratadin -> F110\_11A  
 F110\_12 marzine -> F110\_12A  
 F110\_13 mepyramin -> F110\_13A  
 F110\_14 mildin -> F110\_14A  
 F110\_15 nefoxef -> F110\_15A  
 F110\_16 phenergan -> F110\_16A  
 F110\_17 polaramin -> F110\_17A  
 F110\_18 postafen -> F110\_18A  
 F110\_19 prometazin -> F110\_19A  
 F110\_20 sepan -> F110\_20A  
 F110\_21 tavegyl -> F110\_21A  
 F110\_22 telfast -> F110\_22A  
 F110\_23 vialerg -> F110\_23A  
 F110\_24 xyzal -> F110\_24A  
 F110\_25 zyrtec -> F110\_25A  
 F110\_26 don't remember navnet -> F110\_26A  
 1=yes, not answered=99, irrelevant=100

*(Can be skipped without being answered)*

F110\_1A-26A How often has [child names] received these products?

Depending on F106 F107\_3 F110\_1-26

1. In connection to physical activity
  2. Per need
  3. regularly (every day in a period of maximum 2 months)
99. not answered  
100. not applicable

*At each preparation, it is possible to specify how often and in which context the preparation was given to the child.*

F111 Nature medicine

Depending on F106 F107\_4

1. yes, but I don't know the name
  2. yes, name of preparation -> F111A
  3. no
99. not answered  
100. not applicable

*(Can be skipped without being answered)*

Depending on F106 F107\_4 F111  
F111A \_\_\_\_\_name of product

## Rash

F112 Has [child name] ever had an itchy rash, which came and went in a period of least 6 months?

1. yes
2. no -> F120
99. not answered

F113 Has [child name] had this itchy rash during the last 12 months?

Depending on F112

1. yes
2. no -> F120
99. not answered
100. not relevant

F114 Has [child name] got any treatment against an itchy rash in the past year?

Depending on F113

1. yes
2. no -> F120
99. not answered
100. not relevant

F115\_1-29 What medicine has [child name] received? Choose one or more preparations which your child has received one or more times (Cream – ointment – foam – shampoo)

Depending on F113 F114

- F115\_1 benovat -> F115\_1A
- F115\_2 bettamousse -> F115\_2A
- F115\_3 brentacort -> F115\_3A
- F115\_4 celestonvalerat -> F115\_4A
- F115\_5 clobex -> F115\_5A
- F115\_6 clotrason -> F115\_6A
- F115\_7 cutivat -> F115\_7A
- F115\_8 dermovat -> F115\_8A
- F115\_9 diproderm -> F115\_9A
- F115\_10 diprolen -> F115\_10A
- F115\_11 diprosalic -> F115\_11A
- F115\_12 elidel -> F115\_12A
- F115\_13 elocom -> F115\_13A
- F115\_14 elocon -> F115\_14A

F115\_15 emovat -> F115\_15A  
 F115\_16 fucicort -> F115\_16A  
 F115\_17 fucidin- hydrocorticon -> F115\_17A  
 F115\_18 hydrocorticon -> F115\_18A  
 F115\_19 ibaril -> F115\_19A  
 F115\_20 inotyol -> F115\_20A  
 F115\_21 kenaland -> F115\_21A  
 F115\_22 locoid -> F115\_22A  
 F115\_23 locoidol -> F115\_23A  
 F115\_24 metosyn -> F115\_24A  
 F115\_25 mildison lipid -> F115\_25A  
 F115\_26 previsone -> F115\_26A  
 F115\_27 protopic -> F115\_27A  
 F115\_28 synalar -> F115\_28A  
 F115\_29 don't remember navnet -> F115\_29A  
 1=yes, not answered=99, irrelevant=100

*(Can be skipped without being answered)*

F115\_1A-29A How often has [child names] received these products?

Depending on F113 F114 F115\_1-29

1. In connection to physical activity
2. Per need
3. regularly (every day in a period of maximum 2 months)
99. not answered
100. not applicable

*At each preparation, it is possible to specify how often and in which context the preparation was given to the child.*

F116 Nature medicine

Depending on F113 F114

1. yes, but I don't know the name
2. yes, name of products -> F116A
3. no
99. not answered
100. not applicable

*(Can be skipped without being answered)*

Depending on F113 F114 F116

F116A \_\_\_\_\_name of products

F117 Has the itchy rash ever affected one or more of these areas:

The folds of the elbows, behind the knees, in front of the ankles, under the buttocks, or around the neck, ears or eyes?

Depending on F113

1. yes

- 2. no
- 99. not answered
- 100. not relevant

**F118** Has the rash cleared completely at any time during the last 12 months?

Depending on F113

- 1. yes
- 2. no
- 99. not answered
- 100. not relevant

**F119** How often in the past 12 months (in average) has [child name] been kept awake at night by this itchy rash?

Depending on F113

- 1. never
- 2. less than 1 night per week
- 3. 1 or more nights per week
- 99. not answered
- 100. not relevant

**F120** Has [child name] ever had eczema?

- 1. yes
- 2. no
- 99. not answered

## **Diabetes, coeliac disease and medicine**

**F121** Does [child name] suffer from diabetes?

- 1. yes
- 2. no -> F123
- 99. not answered

**F122** What type of diabetes?

Depending on F121

- 1. Type 1 diabetes
- 2. Type 2 diabetes
- 99. not answered
- 100. not applicable

**F123** Has [child name] gluten intolerance (coeliac disease)?

1. yes
2. no
99. not answered

*(Can be skipped without being answered)*

F124\_1-5 Has [child name] for a period of more than 1 month been on one of the following medications?

- F124\_1 Ritalin
- F124\_2 Anti-depressant (SSRI)
- F124\_3 Soothing/sleep medicine
- F124\_4 Medicine for migraine, preventive
- F124\_5 Medicine for migraine, when having an attack

1=yes, 2= no, not answered=99

## Painkillers

*(Can be skipped without being answered)*

F125 When or if [child name] is in pain, will [he/she] receive over-the-counter painkillers?

1. yes
2. no -> F127
99. not answered

*(Can be skipped without being answered)*

F126\_1-4 Which? You can tick off more than one.

Depending on F125

- F126\_1 Panodil, pamol or pinex (paracetamol)
- F126\_2 kodimagnyl, treo or aspirin (acetylsalicylic acid)
- F126\_3 Ipren, ibuprofen, brufen or ibumetin (ibuprofen)
- F126\_4 other

1=yes, not answered=99, irrelevant=100

## Sight

F127 Does [child name] suffer from impaired vision?

1. yes
2. maybe/it is suspected -> F134
3. no -> F134
99. not answered

F128 On which eye/eyes is/are [child name]'s vision impaired?

Depending on F127

1. left eye



- 2. right eye
- 3. both eyes
- 99. not answered
- 100. not applicable

**F129** Do you know the reason for [child name] vision being impaired?

Depending on F127

- 1. yes
- 2. no ->F131
- 99. not answered
- 100. irrelevant

*(Can be skipped without being answered)*

**F130\_1-7** What is the reason that [child name]'s vision being impaired?

Depending on F127 F129

- F130\_1 an early birth (ROP)
- F130\_2 birth injury (lack of oxygen, cerebral hemorrhage)
- F130\_3 strabismus
- F130\_4 congenital cataracts
- F130\_5 nearsighted
- F130\_6 farsighted
- F130\_7 other -> F130\_7A

1=yes, not answered=99, irrelevant=100

*(Can be skipped without being answered)*

F130\_7A \_\_\_\_\_other

**F131** Does [child name] use glasses?

Depending on F127

- 1. yes -> F133
- 2. no
- 99. not answered
- 100. irrelevant

**F132** Does [child name] use contact lenses?

Depending on F127 F131

- 1. yes
- 2. no -> F134 (*unless yes in 131*)
- 99. not answered
- 100. irrelevant

**F133** Is [child name]'s vision normal, when [child name] is wearing glasses/contact lenses?

Depending on F127 F131 F132

- 1. yes
- 2. no
- 99. not answered

100. not applicable

## Hearing

F134 Does [child name] suffer from impaired hearing?

1. yes
2. maybe/it is suspected -> F137
3. no -> F137
99. not answered

F135 On which ear(s) is [child names] hearing impaired?

Depending on F134

1. left ear
2. right ear
3. both ears
99. not answered
100. not applicable

F136 Has [child name] been treated for hearing impairment?

Depending on F134

1. yes, with hearing aid
2. yes, with other treatment -> F136A
3. no
99. not answered
100. not applicable

*(Can be skipped without being answered)*

F136A \_\_\_\_\_ What treatment?

## Speech impairment

F137 Is there ever someone who thought that [child name] had a speech impairment?

1. yes
2. no -> F140
99. not answered

F138 Has [child name] ever undergone speech therapy or the like?

Depending on F137

1. yes
2. no
99. not answered
100. not applicable

F139 Is there still an awareness of [child name] speech impairments?

Depending on F137

1. yes
2. no
99. not answered
100. not applicable

## **Tooth brushing**

F140 How often do you remind your child to brush his/her teeth?

1. Every day
2. weekly
3. sometimes
4. rarely
5. never
99. not answered

*(Can be skipped without being answered)*

F141 How often does [child name] actually brush her/his teeth?

1. more than two times daily
2. two times a day
3. one time a day
4. every week, but not every day
5. less than once a week
6. never
99. not answered

F142 How often do you verify [child name]'s tooth brushing?

1. Every day
2. weekly
3. sometimes
4. rarely
5. never
99. not answered

## **Vitamin pills**

F143 Has [child name] been taking vitamin pills/supplements during the past years?

1. Always or almost always
2. Only in the winter
3. Once in a while
4. no, not at all/very rarely -> F145
99. not answered

F144\_1-6 What type of vitamin pills/supplements has [child name] received? (You are welcome to tick off more than one)

Depending on F143

F144\_1 multivitamin pills

F144\_2 calcium supplements

F144\_3 D-vitamin supplements

F144\_4 C-vitamin supplements

F144\_5 fish oil/cod liver oil

F144\_6 other -> F144\_6A

1=yes, not answered=99, irrelevant=100

*(Can be skipped without being answered)*

F144\_6A \_\_\_\_\_ other

## Enuresis

F145 Does it sometimes happen that [child name] pees his/her pants?

1. yes

2. no -> F147

99. not answered

F146 About how often? (does he/she pee his/her pants)

Depending on F145

1. less than once a month

2. less than once a week

3. about once a week

4. 2-5 times a week

5. every day

99. not answered

100. not applicable

F147 Does it sometimes happen that [child name] has stools (more than skid marks) in his/her pants?

1. yes

2. no -> F149

99. not answered

F148 About how often? (defecation in pants)

Depending on F147

1. less than once a month

2. less than once a week

3. about once a week

4. 2-5 times a week

5. Every day

99. not answered

100. not applicable

F149 Does it sometimes happen that [child name] wets his/her bed?

1. yes
2. no -> F151
99. not answered

F150 About how often? (wets his/ her bed)

Depending on F149

1. less than once a month
2. less than once a week
3. about once a week
4. 2-5 times a week
5. Every day
99. not answered
100. not applicable

F151 Does it sometimes happen that [child name] has defecation in bed?

1. yes
2. no -> F153
99. not answered

F152 About how often? (defecation in bed)

Depending on F151

1. less than once a month
2. less than once a week
3. about once a week
4. 2-5 times a week
5. every day
99. not answered
100. not applicable

## Circumcision

*(In version 1 that is before April 6 2011 both girls and boys received question F153, while only boys received the questions in version 2 that is after April 6 2011)*

F153 Is [child name] circumcised?

1. yes
2. no -> F156
99. not answered

*(Question F154 F155 is added April 6 2011 and only occur in version 2)*

*(Can be skipped without being answered)*

Depending on F153

F154 How old was [child name] when he/she was circumcised?

\_\_\_\_\_ years.

0= don't know, 99= not answered, 100= irrelevant

*(Can be skipped without being answered)*

Depending on F153

F155 Why was [child name] circumcised? You are welcome to tick off more than one.

1. Because of phimosis
2. because of inflammation under the foreskin
3. because of urinary tract infection
4. because boys/ men in our family normally get circumcised (tradition/religion)
5. another reason
99. not answered
100. not applicable

## **Strengths and difficulties**

In the following we ask you to answer some questions describing [child name]'s strengths and difficulties.

We ask you to consider whether the descriptions of [child name] not true, somewhat true or are certainly true. It will be a great help for us if you answer all the questions even though you are in doubt or do not think the descriptions make any sense in relation to [child name]'s age. We will ask you to answer based on [child name]'s behavior in the past 6 months

F156\_1 Is considerate of other people's feelings

1. not true
2. somewhat true
3. certainly true
99. not answered

F156\_2 Is restless, overactive, cannot stay still for long

1. not true
2. somewhat true
3. certainly true
99. not answered

F156\_3 Often complains of headaches, stomach-aches or sickness

1. not true
2. somewhat true
3. certainly true
99. not answered

F156\_4 Shares readily with other children (treats, toys, pencils, etc.)

1. not true
2. somewhat true
3. certainly true
99. not answered

F156\_5 Often has temper tantrums or hot tempers

1. not true
2. somewhat true
3. certainly true
99. not answered

F156\_6 Rather solitary, tends to play alone

1. not true
2. somewhat true
3. certainly true
99. not answered

F156\_7 Generally obedient, usually does what adults request

1. not true
2. somewhat true
3. certainly true
99. not answered

F156\_8 Many worries, often seems worried

1. not true
2. somewhat true
3. certainly true
99. not answered

F156\_9 Helpful if anyone is hurt, upset or feeling ill

1. not true
2. somewhat true
3. certainly true
99. not answered

F156\_10 Constantly fidgeting or squirming

1. not true
2. somewhat true
3. certainly true
99. not answered

F156\_11 Has at least one good friend

1. not true
2. somewhat true
3. certainly true
99. not answered

F156\_12 Often fights with other children or bullies them

1. not true
2. somewhat true
3. certainly true
99. not answered

F156\_13 Is often unhappy, down hearted or tearful

1. not true
2. somewhat true
3. certainly true
99. not answered

F156\_14 Generally liked by other children

1. not true
2. somewhat true
3. certainly true
99. not answered

F156\_15 Easily distracted, concentration wanders

1. not true
2. somewhat true
3. certainly true
99. not answered

F156\_16 Nervous or clingy in new situations, easily loses confidence

1. not true
2. somewhat true
3. certainly true
99. not answered

F156\_17 Kind to younger children

1. not true
2. somewhat true
3. certainly true
99. not answered

F156\_18 Often lies or cheats

1. not true
2. somewhat true
3. certainly true
99. not answered

F156\_19 Picked on or bullied by other children

1. not true
2. somewhat true
3. certainly true
99. not answered



F156\_20 Often volunteers to help others (parents, teachers, other children)

1. not true
2. somewhat true
3. certainly true
99. not answered

F156\_21 Thinks things out before acting

1. not true
2. somewhat true
3. certainly true
99. not answered

F156\_22 Steals from home, in day care centers, schools or elsewhere

1. not true
2. somewhat true
3. certainly true
99. not answered

F156\_23 Gets on better with adults than with other children

1. not true
2. somewhat true
3. certainly true
99. not answered

F156\_24 Many fears, is easily scared

1. not true
2. somewhat true
3. certainly true
99. not answered

F156\_25 Sees tasks through to the end, good attention span

1. not true
2. somewhat true
3. certainly true
99. not answered

*(Can be skipped without being answered)*

F156A note any worries or remarks here:

---

F157 Overall, do you think that [child name] has difficulties on one or more of the following areas: emotions, concentration, behavior or being able to get on with other people?

1. no -> F162
2. yes, minor difficulties
3. yes, obvious difficulties
4. yes, serious difficulties
99. not answered

F158 How long have these difficulties been present?

Depending on F157

1. less than a month
2. 1-5 months
3. 6-12 months
4. more than one year
99. not answered
100. not relevant

F159 Do the difficulties upset or distress your child?

Depending on F157

1. not at all
2. only a bit
3. pretty much
4. very much
99. not answered
100. not relevant

F160\_1 Do these difficulties interfere with your child's everyday life at home?

Depending on F157

1. not at all
2. only a bit
3. pretty much
4. very much
99. not answered
100. not relevant

F160\_2 Do these difficulties interfere with your child's everyday - friendships?

Depending on F157

1. not at all
2. only a bit
3. pretty much
4. very much
99. not answered
100. not relevant

F160\_3 Do these difficulties interfere with your child's everyday life – classroom learning?

Depending on F157

1. not at all
2. only a bit
3. pretty much
4. very much
99. not answered
100. not relevant

**F160\_4** Do these difficulties interfere with your child's everyday life – leisure time?

Depending on F157

1. not at all
2. only a bit
3. pretty much
4. very much
99. not answered
100. not relevant

**F161** Do these difficulties put a burden on you or the family as a whole?

Depending on F157

1. not at all
2. only a bit
3. pretty much
4. very much
99. not answered
100. not relevant

Strengths and difficulties can be expressed in very different ways in school and at home.

We would therefore like to contact as many of the children's teachers as possible in this 11-year follow-up, so the teachers can answer the same questions regarding the child's strengths and difficulties as you have just answered.

We hope as many parents in the DNBC as possible will allow us to contact their children's teachers.

**F162** May we contact your child's teacher?

1. yes, you may contact my child's teacher
2. no, I do not want you to contact my child's teacher
99. not answered

## **Tics**

**F163** Has [child name] in the past 12 months had any type of movement, twitch or habit that [child name] did not seem to be able to control, for example excessive blinking with the eyes, grimaces, nose wrinkling or head rolls?

1. yes
2. no
99. not answered

F164 Has [child name] in the past 12 months had any words or sounds that [child name] did not seem to be able to control, for example excessive snuffling, coughing or clearing of his/her throat?

1. yes
2. no -> F166 (*if no is also answered in F163*)
99. not answered

F165 Has [child name]'s tics been a burden for you or the family as a whole?

Depending on F163 and F164

1. not at all
2. only a bit
3. pretty much
4. very much
99. not answered
100. not relevant

## Gender identity

*(Question F166\_1-2 is added April 6 2011 and therefore only occurs in version 2)*

F166\_1-2 Below you will find two statements on gender identity among children and adolescents. We ask you to consider how well the statements fits [child name] now or during the past 6 months.

F166\_1 [Child name] behaves like the opposite sex

1. not accurate
2. partly accurate
3. very accurate
99. not answered

F166\_2 [Child name] wishes to be the opposite sex

1. not accurate
2. partly accurate
3. very accurate
99. not answered

## Height and weight, skin and hair

F167 How tall is [child name]? Please state the height in complete cm, f. ex. 158  
[child name] is \_\_\_\_\_ cm tall.

0= don't know, 99= not answered

F168 When has [child name] been measured?

1. today
2. within the past month
3. within the past 6 months
4. more than 6 months ago
5. has not been measured
99. not answered

F169 How much does [child name] weigh? Please state the weight in complete kg.  
ex: 55

[child name] weighs \_\_\_\_\_ kg.

0= don't know, 99= not answered

F170 When has [child name] been weighed?

1. today
2. within the past month
3. within the past 6 months
4. more than 6 months ago
5. has not been weighed
99. not answered

F171 What is [child name]'s waistline? Please state the waistline in complete cm,  
f.ex. 52

[child name] measures \_\_\_\_\_ cm.

0= don't know, 99= not answered

F172 When has [child name] got her waistline measured?

1. today
2. within the past month
3. within the past 6 months
4. more than 6 months ago
5. has not been measured
99. not answered

F173 What is [child name]'s natural hair color?

1. Red or reddish
2. Light blond
3. dark blond
4. brown
5. black
6. other
99. not answered

F174 What is [child name]'s eye color?

1. Blue or grey
2. green
3. light brown or hazel
4. dark brown
5. other
99. not answered

F175 What shoe size does [child name] use?

1. 32 or smaller
2. 33
3. 34
4. 35
5. 36
6. 37
7. 38
8. 39
9. 40
- 10.41
- 11.42
- 12.43
- 13.44
- 14.45
- 15.46
- 16.47 or bigger
99. not answered

F176 How does [child name]'s skin react if [child name] has spent a long time in the sun?

1. The skin is very sensitive and burns with blisters, pain and peeling skin.
2. The skin is very sensitive and often burns with blisters, pain and peeling skin.
3. The skin reacts with redness followed by a tan
4. the skin tans with no other reaction
99. not answered

*(Can be skipped without being answered)*

F177\_1 How many freckles does [child name] have in the face?

1. No freckles
2. Few freckles
3. some freckles, possible more in the summer
4. a lot of freckles the entire year
99. not answered

*(Can be skipped without being answered)*

F177\_2 How many freckles does [child name] have on the arms?

1. No freckles
2. Few freckles
3. some freckles, possible more in the summer

- 4. a lot of freckles the entire year
- 99. not answered

### Illness in the closest family

F178\_1-10 Has anyone in [child name]'s close (biological) family ever had following illnesses? (Father)

- F178\_1 Type 1 diabetes
  - F178\_2 Type 2 diabetes
  - F178\_3 Heart attack
  - F178\_4 Stroke
  - F178\_5 High blood pressure
  - F178\_6 Asthma
  - F178\_7 Allergy
  - F178\_8 Migraine
  - F178\_9 Depression
  - F178\_10 Schizophrenia
- 1=yes, 2=no, 3= don't know, 99=missing

F179\_1-10 Has anyone in [child name]'s close (biological) family ever had following illnesses? (maternal grandmother)

- F179\_1 Type 1 diabetes
  - F179\_2 Type 2 diabetes
  - F179\_3 Heart attack
  - F179\_4 Stroke
  - F179\_5 High blood pressure
  - F179\_6 Asthma
  - F179\_7 Allergy
  - F179\_8 Migraine
  - F179\_9 Depression
  - F179\_10 Schizophrenia
- 1=yes, 2=no, 3= don't know, 99=missing

F180\_1-10 Has anyone in [child name]'s close (biological) family ever had following illnesses? (maternal grandmother)

- F180\_1 Type 1 diabetes
- F180\_2 Type 2 diabetes
- F180\_3 Heart attack
- F180\_4 Stroke
- F180\_5 High blood pressure
- F180\_6 Asthma
- F180\_7 Allergy
- F180\_8 Migraine
- F180\_9 Depression

F180\_10 Schizophrenia  
1=yes, 2=no, 3= don't know, 99=missing

F181\_1-10 Has anyone in [child name]'s close (biological) family ever had following illnesses? (paternal grandmother)

F181\_1 Type 1 diabetes  
F181\_2 Type 2 diabetes  
F181\_3 Heart attack  
F181\_4 Stroke  
F181\_5 High blood pressure  
F181\_6 Asthma  
F181\_7 Allergy  
F181\_8 Migraine  
F181\_9 Depression  
F181\_10 Schizophrenia  
1=yes, 2=no, 3= don't know, 99=missing

F182\_1-10 Has anyone in [child name]'s close (biological) family ever had following illnesses? (paternal grandfather)

F182\_1 Type 1 diabetes  
F182\_2 Type 2 diabetes  
F182\_3 Heart attack  
F182\_4 Stroke  
F182\_5 High blood pressure  
F182\_6 Asthma  
F182\_7 Allergy  
F182\_8 Migraine  
F182\_9 Depression  
F182\_10 Schizophrenia  
1=yes, 2=no, 3= don't know, 99=missing

## The biological fathers height and weight

*(Only the biological father and mother has received questions F183-F188)*

F183 How tall is [child name]'s biological father?

Depending on F001 F001A

Er \_\_\_\_\_cm tall.

0=don't know, 99= not answered, 100= irrelevant

F184 When was he measured?

Depending on F001 F001A

1. Today
2. in the past month
3. in the past 6 month



- 4. more than 6 months ago
- 5. has not been measured
- 99. not answered
- 100. not applicable

**F185** What is the weight of the biological father?

Depending on F001 F001A  
\_\_\_\_\_kg.

0=don't know, 99= not answered, 100= irrelevant

**F186** When was he weighed?

Depending on F001 F001A

- 1. Today
- 2. in the past month
- 3. in the past 6 month
- 4. more than 6 months ago
- 5. has not been weighed
- 99. not answered
- 100. not applicable

**F187** What is the biological father's waistline?

Depending on F001 F001A

He measures \_\_\_\_\_centimeter.

0=don't know, 99= not answered, 100=irrelevant

**F188** When was the waistline measured?

Depending on F001 F001A

- 1. Today
- 2. in the past month
- 3. in the past 6 month
- 4. more than 6 months ago
- 5. has not been measured
- 99. not answered
- 100. not applicable

## **Questions for the biological mother**

*(Only the biological mother has received question F189-F226)*

**F189** How tall are you?

Depending on F001

Am \_\_\_\_\_cm tall.

0=don't know, 99= not answered, 100=irrelevant

F190 When were you measured?

Depending on F001

1. Today
2. in the past month
3. in the past 6 month
4. more than 6 months ago
5. has not been measured
99. not answered
100. not applicable

F191 What is your weight?

Depending on F001

\_\_\_\_\_kg.

0=don't know, 99= not answered, 100=irrelevant

F192 When were you weighed?

Depending on F001

1. Today
2. in the past month
3. in the past 6 month
4. more than 6 months ago
5. has not been weighed
99. not answered
100. not applicable

F193 What is your waistline?

Depending on F001

I measure \_\_\_\_\_centimeter.

0=don't know, 99= not answered, 100=irrelevant

F194 What was the waistline measured?

Depending on F001

1. Today
2. in the past month
3. in the past 6 month
4. more than 6 months ago
5. has not been measured
99. not answered
100. not applicable

F195 Are you pregnant so that your waistline measurement is affected?

Depending on F001

1. yes
2. no
99. not answered
100. not applicable

**F196** Is your weight lower than usual as a result of a recent weight loss?

Depending on F001

1. yes ->F196\_A-B
2. no ->F197
99. not answered
100. not applicable

Depending on F001 F196

F196\_A What did you weigh before the weight loss?  
\_\_\_\_\_kg.

0=don't know, 99= not answered, 100=irrelevant

Depending on F001 F196

F196\_B What do you believe is the cause of the weight loss?

1. predominantly diet changes
2. predominantly changes in exercise habits
3. other changes in life style
4. illness
5. treatment of illness
99. not answered
100. not applicable

**F197** What is your eye color?

Depending on F001

1. blue or grey
2. green
3. light brown or hazel
4. dark brown
5. other
99. not answered
100. not applicable

**F198** What size shoe do you use?

Depending on F001

1. 35 or smaller
2. 36
3. 37
4. 38
5. 39
6. 40
7. 41

8. 42
9. 43
10. 44 or bigger
99. not answered
100. not applicable

*(Can be skipped without being answered)*

F199 What is your blood type?

Depending on F001

1. A Rhesus positive
2. O Rhesus positive
3. B Rhesus positive
4. AB Rhesus positive
5. A Rhesus negative
6. O Rhesus negative
7. B Rhesus negative
8. AB Rhesus negative
9. Don't know
99. not answered
100. not applicable

*(Can be skipped without being answered)*

F200\_1-2 How many freckles do you have?

Depending on F001

F200\_1 In the face?

1. No freckles
2. Few freckles
3. some freckles, possible more in the summer
4. a lot of freckles the entire year
99. not answered
100. not applicable

Depending on F001

F200\_2 on the arms?

1. No freckles
2. Few freckles
3. some freckles, possible more in the summer
4. a lot of freckles the entire year
99. not answered
100. not applicable

F201 How does your skin react when you have been in the sun for a longer period of time?

Depending on F001

1. The skin is very sensitive and gets sun burned with blisters, pain and peeling skin.
2. The skin is very sensitive and sometimes it gets sunburned with blisters, pain and peeling skin.

3. The skin reacts with redness followed by browning
4. the skin gets brown without other reaction
99. not answered
100. not applicable

F202\_1-19 Have you ever been diagnosed with any of the following disorders by a doctor?

Depending on F001

- F202\_1 Type 1 diabetes->F203\_1-F205\_1 (if yes)
  - F202\_2 Type 2 diabetes->F203\_2-F205\_2 (if yes)
  - F202\_3 Blood clot in your leg ->F203\_3-F205\_3 (if yes)
  - F202\_4 Blood clot elsewhere ->F203\_4-F205\_4 (if yes)
  - F202\_5 High blood pressure->F203\_5-F205\_5 (if yes)
  - F202\_6 High cholesterol->F203\_6-F205\_6 (if yes)
  - F202\_7 Asthma->F203\_7-F205\_7 (if yes)
  - F202\_8 Hay fever->F203\_8-F205\_8 (if yes)
  - F202\_9 Atopic eczema ->F203\_9-F205\_9 (if yes)
  - F202\_10 Food allergy->F203\_10-F205\_10 (if yes)
  - F202\_11 other allergy->F203\_11-F205\_11 (if yes)
  - F202\_12 Osteoarthritis ->F203\_12-F205\_12 (if yes)
  - F202\_13 Rheumatoid arthritis ->F203\_13-F205\_13 (if yes)
  - F202\_14 Fibromyalgia->F203\_14-F205\_14 (if yes)
  - F202\_15 Epilepsy->F203\_15-F205\_15 (if yes)
  - F202\_16 Depression->F203\_16-F205\_16 (if yes)
  - F202\_17 Schizophrenia->F203\_17-F205\_17 (if yes)
  - F202\_18 Other mental disorder->F203\_18-F205\_18 (if yes)
  - F202\_19 Prolapsed disc or other back problems ->F203\_19-F205\_19 (if yes)
- 1=yes, 2=no, 3= don't know, 99=missing, 100= irrelevant

F203\_1-19 What year did the disorder first appear (approximately)? Insert year f. ex. 2004

Depending on F001 F202\_1-19

- F203\_1 Type 1 diabetes
- F203\_2 Type 2 diabetes
- F203\_3 Blood clot in your leg
- F203\_4 Blood clot elsewhere
- F203\_5 High blood pressure
- F203\_6 High cholesterol
- F203\_7 Asthma
- F203\_8 Hay fever
- F203\_9 Atopic eczema
- F203\_10 Food allergy
- F203\_11 Other allergy
- F203\_12 Osteoarthritis
- F203\_13 Rheumatoid arthritis
- F203\_14 Fibromyalgia
- F203\_15 Epilepsy
- F203\_16 Depression

F203\_17 Schizophrenia  
F203\_18 other mental disorder  
F203\_19 Prolapsed disc or other back problems  
0=don't know, 99=missing, 100= irrelevant

F204\_1-19 Have you received medical treatment for the mentioned condition during the past year?

Depending on F001 F202\_1-19

F204\_1 Type 1 diabetes  
F204\_2 Type 2 diabetes  
F204\_3 Blood clot in your leg  
F204\_4 Blood clot elsewhere  
F204\_5 High blood pressure  
F204\_6 High cholesterol  
F204\_7 Asthma  
F204\_8 Hay fever  
F204\_9 Atopic eczema  
F204\_10 Food allergy  
F204\_11 Other allergy  
F204\_12 Osteoarthritis  
F204\_13 Rheumatoid arthritis  
F204\_14 Fibromyalgia  
F204\_15 Epilepsy  
F204\_16 Depression  
F204\_17 Schizophrenia  
F204\_18 Other mental disorder  
F204\_19 Prolapsed disc or other back disorders  
1=yes, 2=no, 3= don't know, 99=missing, 100= irrelevant

F205\_1-19 Have you received medical treatment for the mentioned condition at an earlier stage?

Depending on F001 F202\_1-19

F205\_1 Type 1 diabetes  
F205\_2 Type 2 diabetes  
F205\_3 Blood clot in your leg  
F205\_4 Blood clot elsewhere  
F205\_5 High blood pressure  
F205\_6 High cholesterol  
F205\_7 Asthma  
F205\_8 Hay fever  
F205\_9 Atopic eczema  
F205\_10 Food allergy  
F205\_11 Other allergy  
F205\_12 Osteoarthritis  
F205\_13 Rheumatoid arthritis  
F205\_14 Fibromyalgia  
F205\_15 Epilepsy  
F205\_16 Depression

F205\_17 Schizophrenia  
F205\_18 Other mental disorder  
F205\_19 Prolapsed disc or other back problems  
1=yes, 2=no, 3= don't know, 99=missing, 100= irrelevant

*(Can be skipped without being answered)*

F206 Have you ever had migraines?

Depending on F001

1. yes
2. no
99. not answered
100. not applicable

*(Can be skipped without being answered)*

F207 Have you ever had a severe headache accompanied by nausea?

Depending on F001

1. yes
2. no
99. not answered
100. not applicable

*(Can be skipped without being answered)*

F208 Have you ever had visual disturbances of 5-60 minutes duration followed by headache?

Depending on F001

1. yes
2. no
99. not answered
100. not applicable

*(Can be skipped without being answered)*

F209 Have you ever had a severe headache accompanied by a sensitivity to sound and light?

Depending on F001

1. yes
2. no
99. not answered
100. not applicable

*(Can be skipped without being answered)*

F210 Do you smoke?

Depending on F001

1. yes, daily ->F210\_A-C
2. yes, sometimes->F211
3. no, but I have previously smoked->F211
4. no, I have never smoked->F213
99. not answered
100. not applicable

Depending on F001 F210

F210\_A How many cigarettes do you smoke daily on average?

\_\_\_\_\_insert number of cigarettes, f. ex. 15

99=missing, 100= irrelevant

Depending on F001 F210

F210\_B How old were you when you started to smoke on a daily basis?

\_\_\_\_\_insert age, f. ex. 16

99=missing, 100= irrelevant

Depending on F001 F210

F210\_C For how many years have you smoked every day?

\_\_\_\_\_insert number, f. ex. 25

99=missing, 100= irrelevant

*(Can be skipped without being answered)*

F211 Have you previously smoked on a daily basis?

Depending on F001 F210

1. yes ->F211\_A-B

2. no->F213

99. not answered

100. not applicable

Depending on F001 F210 F211

F211\_A How old were you, when you started to smoke on a daily basis?

\_\_\_\_\_insert age, f. ex. 23

99=missing, 100= irrelevant

Depending on F001 F210 F211

F211\_B When did you stop smoking on a daily basis?

\_\_\_\_\_insert year, f. ex. 2003

99=missing, 100= irrelevant

*(Can be skipped without being answered)*

F212 What would be your best average measure for your daily tobacco use in the years where you were a regular smoker (exclusive of your pregnancy and breastfeeding periods)?

Depending on F001 F210 F211

\_\_\_\_\_insert number of cigarettes, f. ex. 15

99=missing, 100= irrelevant

F213 What is your hair colour?

Depending on F001

1. red or reddish

2. light blond



3. dark blond
4. brown
5. black
6. other
99. not answered
100. not applicable

**F214** What description of your hairs natural form suits you best?

Depending on F001

1. many small curls
2. many big curls
3. a little curly
4. a little wavy
5. completely smooth
99. not answered
100. not applicable

**F215** Does your hairline form a V-shape in the centre of your forehead?

Depending on F001

1. yes
2. no
99. not answered
100. not applicable

**F216** Do you have a cleft chin?

Depending on F001

1. yes
2. no
99. not answered
100. not applicable

**F217** Look at your ears – are your earlobes unattached or attached?

Depending on F001

1. unattached
2. attached
99. not answered
100. not applicable

**F218** Do you have dimples?

Depending on F001

1. yes, on both sides
2. yes, on one side
3. no
99. not answered
100. not applicable

F219 What finger is longest – your ring finger or your index finger?

Depending on F001

1. ring finger
  2. index finger
  3. they are equally long
99. not answered  
100. not applicable

F220 What toe is the longest – your big toe or the one beside it?

Depending on F001

1. big toe
  2. the second toe
  3. they are equally long
99. not answered  
100. not applicable

F221 Are you right handed or left handed?

Depending on F001

1. right handed
  2. left handed
  3. use both hands almost equally
99. not answered  
100. not applicable

F222 Which foot do you use to kick a ball?

Depending on F001

1. right foot
  2. left foot
  3. use both feet almost equally
99. not answered  
100. not applicable

F223 Now clasp your hands. Which thumbs is on top – the right hand one or the one on the left hand?

Depending on F001

1. right hand thumb
  2. left hand thumb
  3. they take turns equally
99. not answered  
100. not applicable

F224 Try to cross your arms. Which arm is on top – the left or the right arm?

Depending on F001

1. right arm
  2. left arm
  3. they take turns equally
99. not answered

100. not applicable

F225 Can you roll your tongue into a tube, like the girl on the picture?

Depending on F001

1. yes

2. no

99. not answered

100. not applicable

F226 Do you have small fine hairs on the middle joint of your fingers?

Depending on F001

1. yes

2. no

99. not answered

100. not applicable

F227 If you have any comments or extensive information, you are welcome to note it here:

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99=missing