

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

Prepared by

Filippa Nyboe Norsker, student assistant
Pernille Stemann Larsen, PhD-student
Tanja Majbrit Knudsen, research assistant
Anne Marie Nybo Andersen, professor

Section of Social Medicine, Department of Public Health, University of Copenhagen"

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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 (m2) is your living space?

Depending on F002

- 1. under 50 m2
- 2. 50-69 m2
- 3. 70-89 m2
- 4. 90-109 m2
- 5. 110-139 m2
- 6. 140-179 m2
- 7. 180 m2-
- 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 i 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:

99=missing