

Codebook for the 18-year follow-up

Prepared by

Stine Danielsen, student assistant
Andrea Joensen, student assistant
Nadia Mirsharghi Mikkelsen, student assistant
Luise Cederkvist Kristiansen, data manager

Section of Epidemiology, Department of Public Health, University of Copenhagen

Date: 16 March 2023

Documentation and guidelines

The codebook is subdivided with a headline for each topic and contains supplementary or explanatory text from the questionnaire. The supplementary or explanatory text is written in *italics*.

With the exception of the Key Variables, all variables start with a G and contain three digits (ex. G001).

"Not answered" (missing) is coded as 99. The electronic questionnaire is set up in a way which should make it impossible to skip questions. Thus, if the 18-year old has not answered a question, they will be asked to respond to proceed. Missing will also occur if the respondent has started but not completed the questionnaire within the 3-month deadline.

"Not applicable" is coded as 100 and occurs if the question is dependent on an answer given in a previous question. The dependency of a variable on other variables is stated at each question and written in *Conso1as* (e.g. G002, *Dependent on G001*). In addition, it is specified which question the respondent jumps to if the following questions depend on the answer of the question concerned (e.g. → G003).

Some variables have underscores to mark that they belong together or are part of a scale, e.g. G019_1-G019_7.

Questions with multiple possible answers, e.g., G068_01-G068_12: *Which of the following drugs have you tried? (Multiple answers possible)* are coded as 0 = No, 1 = Yes, 99 = Not answered.



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Key Variables

LBGRAVFF

Identification number for the 18-year old

G_INVI_DATE

Date of invitation to the 18-year follow-up

dd/mm/yyyy

G_CONS_DATE

Date of receipt of first letter of consent

dd/mm/yyyy

G_STARTED_DATE

Date of commencement of questionnaire

dd/mm/yyyy

G_COMPLETED_DATE

Date when the questionnaire was answered or when the questionnaire was closed down without full completion

dd/mm/yyyy

G_RESPONSE

Indicator of complete response

Complete response is defined as questionnaire being registered as finished. Partial response is defined as no missings in G001 through G019_7.

- 0. No response
- 1. Complete response
- 2. Partial response

G_SEX

- 1. Boy
- 2. Girl

G_AGE_INVI ¹

Age at invitation date

- 1. 18 years
- 2. 19 years

¹ One observation is missing as information on the invitation date is missing.



G_AGE_CONS

Age when consent form was sent

1. Under 18 years
2. 18 years
3. 19 years

Intro:

Hello (Name)

Thank you for participating in the 18-year follow-up!

When you answer the questionnaire, you contribute to creating knowledge about what is important for the wellbeing and health among young people.

You have received an invitation with information about the topics of the questionnaire, so we will start the questionnaire right away.

First, we would like to know what you do on a daily basis.

Occupation

G001 What do you do?

1. I am attending school / obtaining an education
2. I am doing something else → G003
99. Not answered

G002 What kind of school or education are you attending?

Dependent on G001

1. Elementary school → G004
2. STX, HF, HHX, HTX → G004
3. Vocational education / technical school (school or internship) → G004
4. School of production → G004
5. Short higher education (shorter than 3 years) → G004
6. Medium long higher education (3-4 years) → G004
7. Long higher education (more than 4 years) → G004
8. Folk school
9. Other → G002_A → G004
99. Not answered
100. Not applicable

G002_A Other (free text)

Dependent on G002

99. Not answered
100. Not applicable



G003 What is your occupation?

Dependent on G001

1. Employed
2. Unemployed / in an activating program → G005
3. Long-term sickness leave, under revalidating or similar → G005
4. Soldier / military
5. Taking time off / gap year → G005
6. Waiting to start education → G005
7. Other → G003_A → G005
99. Not answered
100. Not applicable

G003_A Other (free text)

Dependent on G003

99. Not answered
100. Not applicable

G004 How many full days of school/work have you skipped within the last month?

Dependent on G001, G003

1. None
2. 1 day
3. 2 days
4. 3-4 days
5. 5-6 days
6. 7 days or more
7. Do not know
99. Not answered
100. Not applicable

Household and family

Here follow some questions regarding your living situation and family.

G005 Who are you currently living with?

1. Both of my parents → G009
2. Split my time equally / almost equally between my mother and father → G007
3. My mother → G007
4. My mother and her new partner / husband → G007
5. My father → G007
6. My boyfriend / girlfriend → G006
7. My father and his new partner / wife → G007
8. A friend → G006
9. Institution or foster family → G006



- 10. Commune, student residence (dorm), boarding school or folk school → G006
- 11. I am living alone → G006
- 12. Other → G005_A
- 99. Not answered

G005_A Other (free text)

Dependent on G005

- 99. Not answered
- 100. Not applicable

G006 Are your parents living together?

Dependent on G005

- 0. No
- 1. Yes → G009
- 99. Not answered
- 100. Not applicable

G007 Why are your parents not living together?

Dependent on G005, G006

- 1. My parents never lived together → G009
- 2. My parents divorced / separated → G008
- 3. My mother or father is dead → G008 and then → G012
- 4. They work far from each other → G009
- 5. Other → G007_A → G009
- 6. Do not know → G009
- 99. Not answered
- 100. Not applicable

G007_A Other (free text)

Dependent on G007

- 99. Not answered
- 100. Not applicable

G008 How old were you when it happened?

Dependent on G007

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



- 8. 8 years
- 9. 9 years
- 10. 10 years
- 11. 11 years
- 12. 12 years
- 13. 13 years
- 14. 14 years
- 15. 15 years
- 16. 16 years
- 17. 17 years
- 18. 18 years
- 19. 19 years
- 20. 20 years
- 21. 21 years
- 99. Not answered
- 100. Not applicable

G009 How would you describe your parents' relationship to each other?

Dependent on G005, G006, G007

- 1. They communicate well
- 2. They fight a lot
- 3. They barely or never speak with each other
- 4. Do not know
- 99. Not answered
- 100. Not applicable

G010 How would you describe your relationship to your mother?

Dependent on G005, G006, G007

- 1. We communicate well
- 2. We fight a lot
- 3. We barely or never speak with each other
- 4. Do not know
- 99. Not answered
- 100. Not applicable

G011 How would you describe your relationship to your father?

Dependent on G005, G006, G007

- 1. We communicate well
- 2. We fight a lot
- 3. We barely or never speak with each other
- 4. Do not know
- 99. Not answered
- 100. Not applicable



Social relations and wellbeing

The next questions are about your relationship to other people and how you generally feel.

G012 How many close friends do you have?

1. I do not have any close friends
2. One
3. Two
4. 3-5
5. 6-9
6. 10 or more
7. Do not know
99. Not answered

G013 Is it easy or difficult for you to make new friends?

1. Very easy
2. Easy
3. Difficult
4. Very difficult
5. Do not know
99. Not answered

G014 Have you bullied anyone within the last 6 month?

0. No
1. Yes, a few times
2. Yes, several times
3. Do not know
99. Not answered

G015 Do you currently have a boyfriend/girlfriend?

Dependent on G005

1. Yes, we have been together for more than a year
2. Yes, we have been together for 7-12 months
3. Yes, we have been together for 3-6 months
4. Yes, we have been together for less than 3 months
5. No, but I have previously had a boyfriend / girlfriend
6. No, I have never had a boyfriend / girlfriend
7. Do not know
99. Not answered
100. Not applicable

G016 How often do you feel lonely?

1. Never
2. Occasionally
3. Often
4. Very often



- 5. Do not know
- 99. Not answered

G017 How would you describe your overall health?

- 1. Outstanding
- 2. Very good
- 3. Good
- 4. Less good
- 5. Bad
- 99. Not answered

G018 How satisfied are you currently with your life? Indicate satisfaction on a scale from 0-10, where 10 is “the best possible life” and 0 is “the worst imaginable life”

- 0. 0
- 1. 1
- 2. 2
- 3. 3
- 4. 4
- 5. 5
- 6. 6
- 7. 7
- 8. 8
- 9. 9
- 10. 10
- 99. Not answered

How have you been feeling these past 2 weeks?

	Not answered 99.	Always	Most of the time	Occasionally	Rarely	Never
G019_1	How often do you feel that you will do well in the future?	1.	2.	3.	4.	5.
G019_2	How often do you feel useful?	1.	2.	3.	4.	5.
G019_3	How often do you feel relaxed?	1.	2.	3.	4.	5.
G019_4	How often do you handle problems successfully?	1.	2.	3.	4.	5.
G019_5	How often do you think clearly?	1.	2.	3.	4.	5.
G019_6	How often do you feel close with other people?	1.	2.	3.	4.	5.
G019_7	How often do you have your own opinion about things?	1.	2.	3.	4.	5.



Smoking

Now to some questions on smoking.

G020 Have you ever tried to smoke an entire cigarette?

0. No → G025

1. Yes

99. Not answered

G021 How old were you the first time you smoked an entire cigarette? Type in your age.

Dependent on G020

7. 7 years

8. 8 years

9. 9 years

10. 10 years

11. 11 years

12. 12 years

13. 13 years

14. 14 years

15. 15 years

16. 16 years

17. 17 years

18. 18 years

19. 19 years

20. 20 years

21. 21 years

99. Not answered

100. Not applicable

G022 How often do you currently smoke cigarettes?

Dependent on G020

1. Every day

2. A least once a week - but not every day

3. A least once a month - but not every week → G025

4. I am not currently smoking → G025

99. Not answered

100. Not applicable

G023 How old were you when you started smoking at least once a week? Type in your age.

Dependent on G020, G022

0. 0 years

1. 1 years

2. 2 years



3. 3 years
4. 4 years
5. 5 years
6. 6 years
7. 7 years
8. 8 years
9. 9 years
10. 10 years
11. 11 years
12. 12 years
13. 13 years
14. 14 years
15. 15 years
16. 16 years
17. 17 years
18. 18 years
19. 19 years
20. 20 years
21. 21 years
99. Not answered
100. Not applicable

G024 Think about the past 4 weeks. How many cigarettes have you smoked on a weekly basis (average)?

Dependent on G020, G022

1. Less than 10
2. 10-34
3. 35-69 (5-9 per day)
4. 70-105 (10-15 per day)
5. More than 105 (more than 15 per day)
6. Do not know
99. Not answered
100. Not applicable

G025 Have you tried smoking E-cigarettes?

0. No → G027

1. Yes

99. Not answered

G026 How often do you currently smoke E-cigarettes?

Dependent on G025

1. Every day
2. A least once a week - but not every day
3. A least once a month - but not every week
4. I am not currently smoking E-cigarettes



- 99. Not answered
- 100. Not applicable

Alcohol

Now to some questions on alcohol.

G027 Have you ever had more than one alcoholic drink (alcopop, beer, cider, wine, spirit, or other type of alcohol)?

- 0. No → G035
- 1. Yes
- 99. Not answered

G028 How old were you when you first had more than one alcoholic drink (alcopop, beer, wine, spirit, or other type of alcohol)? Type in your age.

Dependent on G027

- 0. 0 years
- 1. 1 years
- 2. 2 years
- 3. 3 years
- 4. 4 years
- 5. 5 years
- 6. 6 years
- 7. 7 years
- 8. 8 years
- 9. 9 years
- 10. 10 years
- 11. 11 years
- 12. 12 years
- 13. 13 years
- 14. 14 years
- 15. 15 years
- 16. 16 years
- 17. 17 years
- 18. 18 years
- 19. 19 years
- 20. 20 years
- 21. 21 years
- 99. Not answered
- 100. Not applicable



The next questions are concerning your alcohol consumption within the last year.

G029 How often do you drink alcohol?

Dependent on G027

1. Never → G035
2. No more than once a month
3. 2-4 times a month
4. 2-3 times a week
5. At least 4 times a week
99. Not answered
100. Not applicable

G030 How many alcoholic drinks do you usually drink, when you are drinking?

Dependent on G027, G029

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

G031 How often do you drink 5 alcoholic drinks or more at the same occasion?

Dependent on G027, G029

1. Never
2. Less often than once a month
3. Monthly
4. Weekly
5. Daily or almost daily
99. Not answered
100. Not applicable



Have you *within the last year* experienced that...

Dependent on G027, G029

	Not answered 99. Not applicable 100.	Never	Less than once a month	Monthly	Weekly	Daily or almost daily
G032_1	... you could not stop drinking, once you started?	1.	2.	3.	4.	5.
G032_2	... you could not do what you were supposed to do because you were drinking?	1.	2.	3.	4.	5.
G032_3	... you needed an alcoholic drink in the morning, after drinking heavily the day before?	1.	2.	3.	4.	5.
G032_4	... you have felt guilty or regretful after drinking?	1.	2.	3.	4.	5.
G032_5	... you could not remember what happened the night before after drinking?	1.	2.	3.	4.	5.

G033 Have you or anyone else ever gotten hurt or been in an accident because you had been drinking?

Dependent on G027, G029

- 0. No
- 1. Yes, but not within the last year
- 2. Yes, within the last year
- 99. Not answered
- 100. Not applicable

G034 Have anyone in your family, a friend, a doctor or someone else been worried about your alcohol consumption or suggested that you drink less?

Dependent on G027, G029

- 0. No
- 1. Yes, but not within the last year
- 2. Yes, within the last year
- 99. Not answered
- 100. Not applicable



Sleep

Now we would like to know about your sleeping habits.

G035 At what time do you typically go to sleep on weekdays?

1. Approx. 19.00 o'clock or earlier
2. Approx. 20.00 o'clock
3. Approx. 21.00 o'clock
4. Approx. 22.00 o'clock
5. Approx. 23.00 o'clock
6. Approx. 24.00 o'clock
7. Approx. 01.00 o'clock
8. Approx. 02.00 o'clock
9. Approx. 03.00 o'clock or later
10. Do not know
99. Not answered

G036 At what time do you typically go to sleep on weekend/vacation?

1. Approx. 19.00 o'clock or earlier
2. Approx. 20.00 o'clock
3. Approx. 21.00 o'clock
4. Approx. 22.00 o'clock
5. Approx. 23.00 o'clock
6. Approx. 24.00 o'clock
7. Approx. 01.00 o'clock
8. Approx. 02.00 o'clock
9. Approx. 03.00 o'clock or later
10. Do not know
99. Not answered

G037 When do you typically wake up or are woken up on weekdays?

1. Approx. 5.00 o'clock or earlier
2. Approx. 6.00 o'clock
3. Approx. 7.00 o'clock
4. Approx. 8.00 o'clock
5. Approx. 9.00 o'clock
6. Approx. 10.00 o'clock
7. Approx. 11.00 o'clock
8. Approx. 12.00 o'clock
9. Approx. 13.00 o'clock or later
10. Do not know
99. Not answered

G038 When do you typically wake up or are woken up during the weekend/vacation?

1. Approx. 5.00 o'clock or earlier
2. Approx. 6.00 o'clock
3. Approx. 7.00 o'clock



4. Approx. 8.00 o'clock
5. Approx. 9.00 o'clock
6. Approx. 10.00 o'clock
7. Approx. 11.00 o'clock
8. Approx. 12.00 o'clock
9. Approx. 13.00 o'clock or later
10. Do not know
99. Not answered

G039 How often do you take a nap during the day?

1. Rarely or never → G041
2. A few times a month
3. A few times a week
4. Every day or almost every day
5. Do not know → G041
99. Not answered

G040 For how long do you typically sleep, when you take a nap?

Dependent on G039

1. Approx. ½ hour or less
2. Approx. 1 hour
3. Approx. 2 hours
4. Approx. 3 hours
5. Approx. 4 hours
6. Approx. 5 hours or more
7. Do not know
99. Not answered
100. Not applicable



Here follow some questions on how you sleep at night.

	Not answered 99.	Rarely or never	A few times a month	A few times a week	Every day or almost every day	Do not know
G041	How often do you sleep badly or restlessly?	1.	2.	3.	4.	5.
G042	How often do you have trouble falling asleep?	1.	2.	3.	4.	5.
G043	How often do you wake up too early in the morning?	1.	2.	3.	4.	5.
G044	How often do you wake up several times during the night and have trouble falling asleep again?	1.	2.	3.	4.	5.
G045	Do you snore loudly when you sleep?	1.	2.	3.	4.	5.

Gambling

Now some questions on gambling.

Within the past month, have you used money on the following:

- G046_1 1. Slot machines
- G046_2 1. Lotto scratch ticket
- G046_3 1. Bets with friends that included money
- G046_4 1. Card game, dice game etc. for money
- G046_5 1. Odds sites (where you can bet on football matches, horse races etc.)
- G046_6 1. Lottery
- G046_7 1. Online games, e.g. poker, casinos, bingo etc. on the internet
- G046_8 1. I have not spent money on any kind of games → G048
- G046_9 1. Other game → G046_A

Coding: No = 0, Yes = 1, Not answered = 99

G046_A Specify the other game (free text)

Dependent on G046_9

99. Not answered

100. Not applicable



In the past years, have there been periods where...

G047_1 ... you have had to gamble more and more to get the same feeling of excitement?
Dependent on G046_8

- 0. No
- 1. Yes
- 99. Not answered
- 100. Not applicable

G047_2 ... you have unsuccessfully tried to reduce or control your desire to gamble?
Dependent on G046_8

- 0. No → G047_3
- 1. Yes
- 99. Not answered
- 100. Not applicable

G047_2A Has this happened 3 times or more?
Dependent on G047_8, G047_2

- 0. No
- 1. Yes
- 99. Not answered
- 100. Not applicable

G047_3 ... you have gambled to forget personal problems?
Dependent on G046_8

- 0. No
- 1. Yes
- 99. Not answered
- 100. Not applicable

G047_4 ... you, after losing money on a game, have returned another day to win back the money you lost?
Dependent on G046_8

- 0. No
- 1. Yes
- 99. Not answered
- 100. Not applicable



G047_5 ... you have lied to family, friends or others, about how much you gamble, or how much money you have lost on gambling?

Dependent on G046_8

- 0. No → G048
- 1. Yes
- 99. Not answered
- 100. Not applicable

G047_5A Has this happened 3 times or more?

Dependent on G046_8, G047_5

- 0. No
- 1. Yes
- 99. Not answered
- 100. Not applicable

Self-harm and suicide

The next questions are about self-harm and suicide.

G048 Have you ever thought about harming or hurting yourself?

- 0. No → G051
- 1. Yes
- 2. Do not know → G051
- 99. Not answered

G049 How often have you had these thought within the last year?

Dependent on G048

- 1. At no time → G051
- 2. One time
- 3. 2-5 times
- 4. 6-10 times
- 5. More than 10 times
- 6. Do not know → G051
- 99. Not answered
- 100. Not applicable

G050 When was the last time, you had these thoughts?

Dependent on G048, G049

- 1. Within the last week
- 2. About 2-4 weeks ago
- 3. About 1-5 months ago
- 4. About 6-12 months ago
- 5. Do not know



99. Not answered
100. Not applicable

G051 Have you ever harmed or hurt yourself on purpose?

0. No → G055
1. Yes
2. Do not know → G055
99. Not answered

G052 How often have you harmed or hurt yourself on purpose within the last year?

Dependent on G051

1. At no time → G055
2. One time
3. 2-5 times
4. 6-10 times
5. More than 10 times
6. Do not know → G055
99. Not answered
100. Not applicable

G053 When was the last time you harmed or hurt yourself on purpose?

Dependent on G051, G052

1. Within the last week
2. About 2-4 weeks ago
3. About 1-5 months ago
4. About 6-12 months ago
5. Do not know
99. Not answered
100. Not applicable

G054 If you like, you can write which methods you used to hurt yourself (free text)

Dependent on G051

99. Not answered
100. Not applicable

G055 Have you ever thought about taking your own life (even though you would not do it)?

0. No → G058
1. Yes
2. Do not know → G058
99. Not answered



G056 How often have you had these thought within the last year?

Dependent on G055

1. At no time → G058
2. One time
3. 2-5 times
4. 6-10 times
5. More than 10 times
6. Do not know → G058
99. Not answered
100. Not applicable

G057 When was the last time, you had these thoughts?

Dependent on G055, G056

1. Within the last week
2. About 2-4 weeks ago
3. About 1-5 months ago
4. About 6-12 months ago
5. Do not know
99. Not answered
100. Not applicable

G058 Have you ever had plans to kill yourself (considered method, done preparations)?

0. No
1. Yes
2. Do not know
99. Not answered
100. Not applicable

G059 Have you ever tried to kill yourself?

0. No → G061_01
1. Yes
2. Do not know → G061_01
99. Not answered

G060 Have you tried to kill yourself within the last year?

Dependent on G059

0. No
1. Yes
2. Do not know
99. Not answered
100. Not applicable



Affective disorders

The following questions concern your well-being.

Within the past 2 weeks, how often...

	Not answered 99.	At no point	Occasionally	Little less than half the time	Little more than half the time	Most of the time	All the time
G061_01	... have you felt sad, unhappy?	1.	2.	3.	4.	5.	6.
G061_02	... have you lost interest in your daily doings?	1.	2.	3.	4.	5.	6.
G061_03	... have you felt you missed energy and strength?	1.	2.	3.	4.	5.	6.
G061_04	... have you felt less confident?	1.	2.	3.	4.	5.	6.
G061_05	... have you felt guilty?	1.	2.	3.	4.	5.	6.
G061_06	... have you felt that life was not worth living?	1.	2.	3.	4.	5.	6.
G061_07	... have you struggled to concentrate. e.g., when reading the paper, watching television?	1.	2.	3.	4.	5.	6.
G061_08	... have you felt restless?	1.	2.	3.	4.	5.	6.
G061_09	... have you felt more quiet?	1.	2.	3.	4.	5.	6.
G061_10	... have you had trouble sleeping at night?	1.	2.	3.	4.	5.	6.
G061_11	... have you had a reduced appetite?	1.	2.	3.	4.	5.	6.
G061_12	... have you had an increased appetite?	1.	2.	3.	4.	5.	6.



Strength and difficulties

The next questions concern your strength and difficulties. We will ask you to choose the description that fits you the best. Try to answer all questions even though you are unsure or do not think the statement makes sense.

Answer based on how it has been within the last 6 months.

Note! As seen on the following pages, G062_1-G062_25 have been recoded to fit with the SDQ classification (© Goodman, 1999).

	Not answered 99.	Not true	Somewhat true	Certainly true
G062_01	I try to be nice to other people. I care about their feelings.	1.	2.	3.
G062_02	I am restless, I find it hard to sit down for long.	1.	2.	3.
G062_03	I get a lot of headaches, stomach-aches or sickness.	1.	2.	3.
G062_04	I usually share with others, for example food or drink.	1.	2.	3.
G062_05	I get very angry and often lose my temper.	1.	2.	3.
G062_06	I would rather be alone than with other people.	1.	2.	3.
G062_07	I am generally willing to do what other people want.	1.	2.	3.
G062_08	I worry a lot.	1.	2.	3.
G062_09	I am helpful if someone is hurt, upset or feeling ill.	1.	2.	3.
G062_10	I am constantly fidgeting or squirming.	1.	2.	3.
G062_11	I have at least one good friend.	1.	2.	3.
G062_12	I can make other people do what I want.	1.	2.	3.
G062_13	I am often unhappy, depressed or tearful.	1.	2.	3.
G062_14	Other people generally like me.	1.	2.	3.
G062_15	I am easily distracted, I find it difficult to concentrate.	1.	2.	3.
G062_16	I am nervous in new situations, I easily lose confidence.	1.	2.	3.
G062_17	I am kind to children.	1.	2.	3.
G062_18	I am often accused of lying or cheating.	1.	2.	3.
G062_19	Other people pick on me or bully me.	1.	2.	3.
G062_20	I often offer to help if someone needs it (family, friends, colleagues).	1.	2.	3.
G062_21	I think before I do things.	1.	2.	3.



G062_22	I take things that are not mine (at home, work or elsewhere).	1.	2.	3.
G062_23	I get along better with older people than with people of my own age.	1.	2.	3.
G062_24	I have many fears, I am easily scared.	1.	2.	3.
G062_25	I finish the work I'm doing. My concentration is good.	1.	2.	3.

G062_A Please note any other comments or concerns here (free text)

99. Not answered

The questions G062_01-G062_25 have in the following been recoded to the values provided by the Strengths and Difficulties Questionnaire (SDQ) © Goodman, 1999. The variables below can be used, if one wishes to use Goodman's screening algorithms:

	Not answered 99.	Not true	Somewhat true	Certainly true
G062_01_sdq	I try to be nice to other people. I care about their feelings.	0.	1.	2.
G062_02_sdq	I am restless, I find it hard to sit down for long.	0.	1.	2.
G062_03_sdq	I get a lot of headaches, stomach-aches or sickness.	0.	1.	2.
G062_04_sdq	I usually share with others, for example food or drink.	0.	1.	2.
G062_05_sdq	I get very angry and often lose my temper.	0.	1.	2.
G062_06_sdq	I would rather be alone than with other people.	0.	1.	2.
G062_07_sdq	I am generally willing to do what other people want.	2.	1.	0.
G062_08_sdq	I worry a lot.	0.	1.	2.
G062_09_sdq	I am helpful if someone is hurt, upset or feeling ill.	0.	1.	2.
G062_10_sdq	I am constantly fidgeting or squirming.	0.	1.	2.
G062_11_sdq	I have at least one good friend.	2.	1.	0.
G062_12_sdq	I can make other people do what I want.	0.	1.	2.
G062_13_sdq	I am often unhappy, depressed or tearful.	0.	1.	2.
G062_14_sdq	Other people generally like me.	2.	1.	0.
G062_15_sdq	I am easily distracted, I find it difficult to concentrate.	0.	1.	2.
G062_16_sdq	I am nervous in new situations, I easily lose confidence.	0.	1.	2.
G062_17_sdq	I am kind to children.	0.	1.	2.
G062_18_sdq	I am often accused of lying or cheating.	0.	1.	2.



G062_19_sdq	Other people pick on me or bully me.	0.	1.	2.
G062_20_sdq	I often offer to help if someone needs it (family, friends, colleagues).	0.	1.	2.
G062_21_sdq	I think before I do things.	2.	1.	0.
G062_22_sdq	I take things that are not mine (at home, work or elsewhere).	0.	1.	2.
G062_23_sdq	I get along better with older people than with people of my own age.	0.	1.	2.
G062_24_sdq	I have many fears, I am easily scared.	0.	1.	2.
G062_25_sdq	I finish the work I'm doing. My concentration is good.	2.	1.	0.

G063 Overall, do you think that you have difficulties in one or more of the following areas: emotions, concentration, behaviour or being able to get on with other people?

- 0. No → G068_1
- 1. Yes, minor difficulties
- 2. Yes, definite difficulties
- 3. Yes, severe difficulties
- 99. Not answered

G064 How long have these difficulties been present?

- Dependent on G063
- 1. Less than 1 month
- 2. 1-5 months
- 3. 6-12 months
- 4. More than 1 year
- 99. Not answered
- 100. Not applicable

G065 Do the difficulties upset or make you distressed?

Dependent on G063

- 1. Not at all
- 2. A little bit
- 3. Quite a lot
- 4. Very much
- 99. Not answered
- 100. Not applicable



Do the difficulties interfere with your everyday life with regard to...

Dependent on G063

	Not answered 99. Not applicable 100.	Not at all	A little bit	Quite a lot	Very much
G066_1	... people close to you (e.g. family or partner)	1.	2.	3.	4.
G066_2	... making new friends or preserving old friendships?	1.	2.	3.	4.
G066_3	... work or study?	1.	2.	3.	4.
G066_4	... sport or other activities?	1.	2.	3.	4.

G067 Do the difficulties make it hard for those around you (family, friends, etc.)?

Dependent on G063

- 1. Not at all
- 2. A little bit
- 3. Quite a lot
- 4. Very much
- 99. Not answered
- 100. Not applicable

Drugs

The next questions concern drug use.

Which of the following drugs have you tried:

- G068_01 1. Weed or pot
- G068_02 1. Amphetamine (speed)
- G068_03 1. Ecstasy / MDA, fantasy or similar
- G068_04 1. Sedatives or sleeping medicine (not prescribed)
- G068_05 1. Cocaine
- G068_06 1. LSD
- G068_07 1. Opiates (heroin, morphine, methadone, krokodil or similar)
- G068_08 1. Psychedelic fungi
- G068_09 1. Sniffing solvents or lighter gas
- G068_10 1. Sniffing nitrous oxide (laughing gas)
- G068_11 1. I have never tried any of those drugs
- G068_12 1. Other kind of drugs

Coding: No = 0, Yes = 1, Not answered = 99



G068_12A What other kind of drugs (free text)

Dependent on G068_12

99. Not answered

100. Not applicable

Within the last year...

G069_01 How many times have you used this? [*Weed*]

Dependent on G068_01

1. Not within the last year

2. Once

3. Less than once a month

4. Monthly

5. Weekly → G070_1-G070_6

6. Daily or almost daily → G070_1-G070_6

99. Not answered

100. Not applicable

G069_02 How many times have you used this? [*Amphetamine (speed)*]

Dependent on G068_02

1. Not within the last year

2. Once

3. Less than once a month

4. Monthly

5. Weekly

6. Daily or almost daily

99. Not answered

100. Not applicable

G069_03 How many times have you used this? [*Ecstasy/MDA, fantasy*]

Dependent on G068_03

1. Not within the last year

2. Once

3. Less than once a month

4. Monthly

5. Weekly

6. Daily or almost daily

99. Not answered

100. Not applicable



G069_04 How many times have you used this? [*Sedatives or sleeping medicine (not prescribed)*]

Dependent on G068_04

1. Not within the last year
2. Once
3. Less than once a month
4. Monthly
5. Weekly
6. Daily or almost daily
99. Not answered
100. Not applicable

G069_05 How many times have you used this? [*Cocaine*]

Dependent on G068_05

1. Not within the last year
2. Once
3. Less than once a month
4. Monthly
5. Weekly
6. Daily or almost daily
99. Not answered
100. Not applicable

G069_06 How many times have you used this? [*LSD*]

Dependent on G068_06

1. Not within the last year
2. Once
3. Less than once a month
4. Monthly
5. Weekly
6. Daily or almost daily
99. Not answered
100. Not applicable

G069_07 How many times have you used this? [*Opiates (heroin, morphine, methadone, krokodil or similar)*]

Dependent on G068_07

1. Not within the last year
2. Once
3. Less than once a month
4. Monthly
5. Weekly
6. Daily or almost daily
99. Not answered
100. Not applicable



G069_08 How many times have you used this? [*Psychedelic fungi*]

Dependent on G068_08

1. Not within the last year
2. Once
3. Less than once a month
4. Monthly
5. Weekly
6. Daily or almost daily
99. Not answered
100. Not applicable

G069_09 How many times have you used this? [*Sniffing solvents or lighter gas*]

Dependent on G068_9

1. Not within the last year
2. Once
3. Less than once a month
4. Monthly
5. Weekly
6. Daily or almost daily
99. Not answered
100. Not applicable

G069_10 How many times have you used this? [*Sniffing nitrous oxide (laughing gas)*]

Dependent on G068_10

1. Not within the last year
2. Once
3. Less than once a month
4. Monthly
5. Weekly
6. Daily or almost daily
99. Not answered
100. Not applicable

G069_11 How many times have you used this? [*Other kind of drugs*]

Dependent on G069_12

1. Not within the last year
2. Once
3. Less than once a month
4. Monthly
5. Weekly
6. Daily or almost daily
99. Not answered
100. Not applicable



Think back on the past 12 months

Dependent on G068_01, G069_01

	Not answered 99. Not applicable 100.	Never	Rarely	From time to time	Fairly often	Very often
G070_1	Have you smoked weed before midday?	1.	2.	3.	4.	5.
G070_2	Have you smoked weed when you were alone?	1.	2.	3.	4.	5.
G070_3	Have you had memory problems when you smoked weed?	1.	2.	3.	4.	5.
G070_4	Have friends or members of your family told you that you ought to reduce your weed use?	1.	2.	3.	4.	5.
G070_5	Have you unsuccessfully tried to reduce or stop smoking weed?	1.	2.	3.	4.	5.
G070_6	Have you had problems because of your use of weed (arguments, fights, accidents, bad test result at school or similar)?	1.	2.	3.	4.	5.

G070_6A Describe your problems here (free text)

Dependent on G070_6

99. Not answered

100. Not applicable

Psychosis-like symptoms

Here comes some questions on specific emotions and experiences you might have had.

G071 Some people believe that other people can read their mind. Have other people ever read your mind?

0. No, never → G076

1. Yes, maybe

2. Yes definitely

99. Not answered

G072 How often have other people read your mind since you turned 14?

Dependent on G071

1. Never → G076

2. Once or twice

3. Less than once a month

4. More than once a month



5. Nearly every day

99. Not answered

100. Not applicable

G073 Did this affect you or made you upset?

Dependent on G071, G072

0. No, not at all

1. Yes, a bit

2. Yes, quite

3. Yes, very

99. Not answered

100. Not applicable

G074 Do you believe people have used special powers to read your mind?

Dependent on G071, G072

0. No, never

1. Yes, maybe

2. Yes, definitely

99. Not answered

G075 If people have read your mind, did this happen within 24 hours of you using or smoking cannabis or other drugs?

Dependent on G071, G072

0. No, it happened at other times as well

1. Yes, within 24 hours of using cannabis or other drugs

99. Not answered

100. Not applicable

G076 Have you ever felt, that you were sent special messages through the television or radio, or that a TV programme had been arranged especially for you?

0. No, never → G080

1. Yes, maybe

2. Yes, definitely

99. Not answered

G077 How often has this happened since you turned 14?

Dependent on G076

1. Never → G080

2. Once or twice

3. Less than once a month

4. More than once a month

5. Nearly every day

99. Not answered

100. Not applicable



G078 Did this affect you or made you upset?

Dependent on G076, G077

- 0. No, not at all
- 1. Yes, a bit
- 2. Yes, quite
- 3. Yes, very
- 99. Not answered
- 100. Not applicable

G079 When you felt that you were sent special messages through the television or radio, did this happen within 24 hours of you using or smoking cannabis or other drugs?

Dependent on G076, G077

- 0. No, it happened at other times as well
- 1. Yes, only within 24 hours of using cannabis or other drugs
- 99. Not answered
- 100. Not applicable

G080 Have you ever felt you were being followed or spied on?

0. No, never → G084

- 1. Yes, maybe
- 2. Yes, definitely
- 99. Not answered

G081 How often has this happened since you turned 14?

Dependent on G080

- 1. Never → G084
- 2. Once or twice
- 3. Less than once a month
- 4. More than once a month
- 5. Nearly every day
- 99. Not answered
- 100. Not applicable

G082 Did this affect you or make you upset?

Dependent on G080, G081

- 0. No, not at all
- 1. Yes, a bit
- 2. Yes, quite
- 3. Yes, very
- 99. Not answered
- 100. Not applicable



G083 If you ever felt, you were being followed or spied on, did this happen within 24 hours of you using or smoking cannabis or other drugs?

Dependent on G080, G081

- 0. No, it happened at other times as well
- 1. Yes, only within 24 hours of using cannabis or other drugs
- 99. Not answered
- 100. Not applicable

G084 Have you ever heard voices that other people could not hear?

- 0. No, never → G089
- 1. Yes, maybe
- 2. Yes definitely
- 99. Not answered

G085 How often have you heard voices that other people could not hear since you turned 14?

Dependent on G084

- 1. Never → G089
- 2. Once or twice
- 3. Less than once a month
- 4. More than once a month
- 5. Nearly every day
- 99. Not answered
- 100. Not applicable

G086 Did this affect you or make you upset?

Dependent on G084, G085

- 0. No, not at all
- 1. Yes, a bit
- 2. Yes, quite
- 3. Yes, very
- 99. Not answered
- 100. Not applicable

G087 If you heard voices that other people could not hear, did this happen:

Dependent on G084, G085

- 1. Only within 24 hours of using cannabis or other drugs
- 2. Only when I had a high temperature because I was ill
- 3. Only as I was falling asleep or as I was waking up
- 4. It happened at other times
- 99. Not answered
- 100. Not applicable



***If you have heard voices that other people could not hear, what did the voice do?
(It is possible to choose more than one answer)***

Dependent on G084, G085

	Not answered 99. Not applicable 100.	No	Yes
G088_1	Call my name.	0.	1.
G088_2	Said something or commenting on something I was doing or thinking.	0.	1.
G088_3	Talked about me with a different voice.	0.	1.
G088_4	Said something nice about me.	0.	1.
G088_5	Said something horrible about me.	0.	1.
G088_6	Other.	0.	1.

G089 Have you ever felt that you were controlled by a special power?

0. No, never → G094

1. Yes, maybe

2. Yes definitely

99. Not answered

G090 How often have you felt that you were controlled by a special power since you turned 14?

Dependent on G089

1. Never → G094

2. Once or twice

3. Less than once a month

4. More than once a month

5. Nearly every day

99. Not answered

100. Not applicable

G091 Who/what did you think was controlling you?

Dependent on G089, G090

1. God or another religious figure

2. Someone or something else

99. Not answered

100. Not applicable



G092 Did this affect you or make you upset?

Dependent on G089, G090

- 0. No, not at all
- 1. Yes, a bit
- 2. Yes, quite
- 3. Yes, very
- 99. Not answered
- 100. Not applicable

G093 If you ever felt you were controlled by a special power, did this happen within 24 hours of using or smoking cannabis or other drugs?

Dependent on G089, G090

- 0. No, it happened at other times as well
- 1. Yes, only within 24 hours of using cannabis or other drugs
- 99. Not answered
- 100. Not applicable

G094 Have you ever seen something or someone that other people could not see?

0. No, never → G098

- 1. Yes, maybe
- 2. Yes, definitely
- 99. Not answered

G095 How often have you seen something or someone that other people could not see since you turned 14?

Dependent on G094

- 1. Never → G098
- 2. Once or twice
- 3. Less than once a month
- 4. More than once a month
- 5. Nearly every day
- 99. Not answered
- 100. Not applicable

G096 Did this affect you or make you upset?

Dependent on G094, G095

- 0. No, not at all
- 1. Yes, a bit
- 2. Yes, quite
- 3. Yes, very
- 99. Not answered
- 100. Not applicable



G097 If you have seen something or someone that other people could not see, did this happen:

Dependent on G094, G095

1. Only within 24 hours of using cannabis or other drugs
2. Only when I had a high temperature because I was ill
3. Only as I was falling asleep or as I was waking up
4. It happened at other times
99. Not answered
100. Not applicable

G098 Have you ever felt that you are something special, or that you have special powers, e.g., ability to read other people's minds, or that you have been chosen to perform great and important tasks? (not in the sense of being very clever or coming from an important family)

0. No, never → G102
1. Yes, maybe
2. Yes, definitely
99. Not answered

G099 How often have you felt that you were something special or had special powers since you turned 14?

Dependent on G098

1. Never → G102
2. Once or twice
3. Less than once a month
4. More than once a month
5. Nearly every day
99. Not answered
100. Not applicable

G100 Did this affect you or make you upset?

Dependent on G098, G099

0. No, not at all
1. Yes, a bit
2. Yes, quite
3. Yes, very
99. Not answered
100. Not applicable



G101 If you ever felt you were something special or had special powers, did this happen within 24 hours of using or smoking cannabis or other drugs?

Dependent on G098, G099

- 0. No, it happened at other times as well
- 1. Yes, only within 24 hours of using cannabis or other drugs
- 99. Not answered
- 100. Not applicable

Eating disorders

The next questions concern your relationship to food, eating and exercise during the past year.

G102 Have you been on a diet to avoid gaining weight?

- 1. I am always on a diet
- 2. Often
- 3. Several times
- 4. A couple of times
- 5. Never
- 6. Do not know
- 99. Not answered

G103 To what extent have you avoided eating because you were afraid it would make you fat?

- 1. Not at all
- 2. A little bit
- 3. A lot
- 4. All the time
- 5. Do not know
- 99. Not answered

G104 Have you fasted (that is, not eaten anything for at least a day or longer) to lose or avoid gaining weight?

- 1. Never
- 2. Less than once a month
- 3. 1-3 times a month
- 4. Once a week
- 5. Several times a week
- 6. Every day
- 7. Do not know
- 99. Not answered

G105 Have you thrown up on purpose to lose or avoid gaining weight?

- 1. Never
- 2. Less than once a month
- 3. 1-3 times a month
- 4. Once a week



- 5. Several times a week
- 6. Every day
- 7. Do not know
- 99. Not answered

G106 Have you taken laxatives or other types of medication to lose or avoid gaining weight?

- 1. Never
- 2. Less than once a month
- 3. 1-3 times a month
- 4. Once a week
- 5. Several times a week
- 6. Every day
- 7. Do not know
- 99. Not answered

Some people binge eat, which means they eat an unusual large amount of food in a short amount of time.

G107 Within the last year, how often have you been binge eating?

- 1. Never → G109
- 2. Less than once a month
- 3. 1-3 times a month
- 4. Once a week
- 5. Several times a week
- 6. Every day
- 7. Do not know → G109
- 99. Not answered

When you were binge eating...

Dependent on G107

	Not answered 99. Not applicable 100.	No	Yes	Do not know
G108_1	... did you feel that you could not stop eating even though you wanted to?	0.	1.	2.
G108_2	... did you eat until you had a stomach ache or felt sick?	0.	1.	2.
G108_3	... did you feel bad or guilty after eating too much food?	0.	1.	2.

G109 What best describes what you are trying to do with your weight?

- 1. I am not trying to do anything
- 2. Maintain my weight
- 3. Gain weight
- 4. Lose weight
- 5. Do not know
- 99. Not answered



During the past year...

	Not answered 99.	Never	Rarely	Occasionally	Often	Every day	Do not know
G110_1	... how often have you felt too fat?	1.	2.	3.	4.	5.	6.
G110_2	... how often have you felt that you wanted to be thinner?	1.	2.	3.	4.	5.	6.
G110_3	... how often have you been worried about having too much fat on your body?	1.	2.	3.	4.	5.	6.
G110_4	... how often have you worried about gaining a little weight (even 1 kg)?	1.	2.	3.	4.	5.	6.

G111 During the past year, how often have you thought about wanting toned or defined muscles?

1. Never
2. Rarely
3. Occasionally
4. Often
5. Every day
6. Do not know
99. Not answered

G112 During the past year, how often have you used nutritional supplements to build muscles?

1. Never
2. Less than once a month
3. 1-3 times a month
4. Once a week
5. Several times a week
6. Every day
7. Do not know
99. Not answered

G113 During the past year, how often have you used steroids to build muscles?

1. Never
2. Less than once a month
3. 1-3 times a month
4. Once a week
5. Several times a week
6. Every day



- 7. Do not know
- 99. Not answered

G114 In the past year, have you exercised to lose or avoid gaining weight?

- 1. Never → G117
- 2. Less than once a month
- 3. 1-3 times a month
- 4. Once a week
- 5. Several times a week
- 6. Every day
- 7. Do not know → G117
- 99. Not answered

G115 In the past year, has it been difficult for you to attend school or work because you spend a lot of time exercising?

Dependent on G114

- 0. No
- 1. Yes, occasionally
- 2. Yes, often
- 3. Do not know
- 99. Not answered
- 100. Not applicable

G116 Do you feel guilty, if you skip working out/exercising?

Dependent on G114

- 0. No
- 1. Yes, occasionally
- 2. Yes, often
- 3. I never skip working out/exercising
- 99. Not answered
- 100. Not applicable

Sexual experience

The next questions are about your sexual experience, orientation and gender identity. With regard to questions on sex, we are referring to all types of sexual intercourse with another person.

G117 Have you ever had sex?

- 0. No → G126
- 1. Yes
- 99. Not answered



G118 How old were you the first time you had sex? Type in your age.

Dependent on G117

- 0. 0 years
- 1. 1 years
- 2. 2 years
- 3. 3 years
- 4. 4 years
- 5. 5 years
- 6. 6 years
- 7. 7 years
- 8. 8 years
- 9. 9 years
- 10. 10 years
- 11. 11 years
- 12. 12 years
- 13. 13 years
- 14. 14 years
- 15. 15 years
- 16. 16 years
- 17. 17 years
- 18. 18 years
- 19. 19 years
- 20. 20 years
- 21. 21 years
- 99. Not answered
- 100. Not applicable

G119 How many people have you had sex with?

Dependent on G117

Answer options: 1-98

- 999. Not answered
- 1000. Not applicable

G120 How many times have you had unprotected sex (not used any kind of protection)?

Dependent on G117

- 1. 0 times → G126
- 2. A single time
- 3. 2-5 times
- 4. 6-10 times
- 5. More than 10 times
- 6. Do not know → G126
- 99. Not answered
- 100. Not applicable



G121 Have you ever been pregnant?

Dependent on G117, G_SEX, G120

- 0. No → G126
- 1. Yes
- 2. Do not know → G126
- 99. Not answered
- 100. Not applicable

G122 Are you currently pregnant?

Dependent on G117, G_SEX, G120, G121

- 0. No → G123
- 1. Yes
- 2. Do not know → G123
- 99. Not answered
- 100. Not applicable

G123 Do you want to complete the pregnancy?

Dependent on G117, G_SEX, G120, G121, G122

- 0. No
- 1. Yes
- 2. Do not know
- 99. Not answered
- 100. Not applicable

G124 Have you given birth to a child?

Dependent on G117, G_SEX, G120, G121

- 0. No
- 1. Yes
- 99. Not answered
- 100. Not applicable

G125 Have you ever made a girl pregnant?

Dependent on G117, G_SEX, G120

- 0. No
- 1. Yes
- 2. Do not know
- 99. Not answered
- 100. Not applicable



G126 Which of the following best describe persons you have been attracted to since you turned 15?

1. Only persons of the opposite gender
2. Mostly persons of the opposite gender, but also at least one person of my own gender
3. Men and woman equally
4. Mostly persons of my own gender, but also at least one person of the opposite gender
5. Only persons of my own gender
6. I have never been attracted to anyone
7. Do not know
99. Not answered

Some people behave like the opposite gender or are not completely happy about their gender. How well do the following statements describe you?

	Not answered 99.	Not at all	Somewhat	Very well	Do not know
G127_1	I behave as was I of the opposite gender.	1.	2.	3.	4.
G127_2	I wish I was of the opposite gender.	1.	2.	3.	4.

Musculoskeletal system

The next questions concern pain in neck, middle back and lower back.

G128 Have you within the last year suffered from neck pain?

0. No → G130
1. Yes, once or twice
2. Yes, occasionally
3. Yes, often
4. Do not know → G130
99. Not answered

G129 How much did it hurt, when it hurt the most? 0 is "it did not hurt" and 10 is "it hurt very much"

Dependent on G128

0. 0 (it did not hurt)
1. 1
2. 2
3. 3
4. 4
5. 5
6. 6
7. 7
8. 8
9. 9



- 10. 10 (it hurt very much)
- 99. Not answered
- 100. Not applicable

G130 Have you within the last year suffered from (upper) back pain?

- 0. No → G132
- 1. Yes, once or twice
- 2. Yes, occasionally
- 3. Yes, often
- 4. Do not know → G132
- 99. Not answered

G131 How much did it hurt when it hurt the most? 0 is “it did not hurt” and 10 is “it hurt very much”

Dependent on G130

- 0. 0 (it did not hurt)
- 1. 1
- 2. 2
- 3. 3
- 4. 4
- 5. 5
- 6. 6
- 7. 7
- 8. 8
- 9. 9
- 10. 10 (it hurt very much)
- 99. Not answered
- 100. Not applicable

G132 Have you within the last year suffered from lower back pain?

- 0. No → G135
- 1. Yes, once or twice
- 2. Yes, occasionally
- 3. Yes, often
- 4. Do not know → G135
- 99. Not answered

G133 How much did it hurt when it hurt the most? 0 is “it did not hurt” and 10 is “it hurt very much”

Dependent on G132

- 0. 0 (it did not hurt)
- 1. 1
- 2. 2
- 3. 3
- 4. 4
- 5. 5



- 6. 6
- 7. 7
- 8. 8
- 9. 9
- 10. 10 (it hurt very much)
- 99. Not answered
- 100. Not applicable

Within the last year, has pain in the neck, (upper) back or lower back...

Dependent on either G128, G130, G132 being equal to 1, 2 or 3

	Not answered 99. Not applicable 100.	No	Yes, once or twice	Yes, occasionally	Yes, often	Do not know
G134_1	... caused you to stay home from school/work?	0.	1.	2.	3.	4.
G134_2	... prohibited you from doing sports/exercise?	0.	1.	2.	3.	4.
G134_3	... made you see a doctor, acupuncturist, chiropractor or physiotherapist?	0.	1.	2.	3.	4.

Anxiety

The next questions concern situations that make you scared or anxious.

How often has the following happened to you?

	Not answered 99.	Never	Occasionally	Often	Always
G135	I feel scared when I have a test in school.	1.	2.	3.	4.
G136	I feel scared if I have to use public bathrooms.	1.	2.	3.	4.
G137	I feel scared to make a fool of myself in front of other people.	1.	2.	3.	4.
G138	I worry that I will do badly at school/work.	1.	2.	3.	4.
G139	I suddenly feel as if I cannot breathe, even when there is no reason.	1.	2.	3.	4.
G140	I suddenly start to tremble or shake, even when there is no reason.	1.	2.	3.	4.
G141	I feel scared if I have to travel by car, bus or train.	1.	2.	3.	4.



G142	I worry about what other people think of me.	1.	2.	3.	4.
G143	I am afraid of being in crowded places (e.g., shopping centres, the cinema, buses with many people).	1.	2.	3.	4.
G144	All of a sudden, I feel really scared without any reason.	1.	2.	3.	4.
G145	I suddenly become dizzy or weak even when there is no reason.	1.	2.	3.	4.
G146	I feel scared if I have to talk in front of my class or another big group.	1.	2.	3.	4.
G147	All of a sudden, my heart starts to race without any reason.	1.	2.	3.	4.
G148	I worry that I will suddenly feel scared even though there is nothing to be scared of.	1.	2.	3.	4.
G149	I am afraid of being in small, closed places, like tunnels or small rooms.	1.	2.	3.	4.

Psoriasis

Now to some questions on the skin disease psoriasis.

G150 Have you ever had an outbreak of psoriasis?

0. No → G155

1. Yes

2. Do not know → G155

99. Not answered

G151 Has the disease been diagnosed by a doctor?

Dependent on G150

0. No → G152 and then → G154

1. Yes

99. Not answered

100. Not applicable

G152 How old were you when you had your first outbreak of psoriasis? Type in your age.

Dependent on G150

0. 0 years

1. 1 years

2. 2 years

3. 3 years

4. 4 years

5. 5 years

6. 6 years



- 7. 7 years
- 8. 8 years
- 9. 9 years
- 10. 10 years
- 11. 11 years
- 12. 12 years
- 13. 13 years
- 14. 14 years
- 15. 15 years
- 16. 16 years
- 17. 17 years
- 18. 18 years
- 19. 19 years
- 20. 20 years
- 21. 21 years
- 99. Not answered
- 100. Not applicable

G153 Have you received prescription drugs/cream or light therapy for psoriasis within the last three months?

Dependent on G150, G151

- 0. No
- 1. Yes
- 99. Not answered
- 100. Not applicable

G154 Do you also have pain in your joints?

Dependent on G150

- 0. No
- 1. Yes
- 99. Not answered
- 100. Not applicable

Hearing

Now to some questions on music and hearing.

G155 Do you ever listen to music from an MP3 player, iPod or phone using headphones or in-ear headphones?

- 0. No → G158_1
- 1. Yes
- 99. Not answered



G156 How often do you listen to music using headphones or in-ear headphones?
 Dependent on G155

1. Several times a day
2. Once a day
3. Nearly every day (5-6 days a week)
4. A few times a week (2-4 days a week)
5. Once a week
6. Less than once a week
7. Rarely
99. Not answered
100. Not applicable

G157 How loud is the music, when you use headphones or in-ear headphones?
 Dependent on G155

1. I have difficulties hearing other loud sounds
2. I can hear loud sounds but not that people talk to me
3. I have no problems hearing sounds around me or when people are talking to me
99. Not answered
100. Not applicable

How often do you participate in following activities with loud sound or noises?

	Not answered 99.	At least five time a week	2-4 times a week	Once a week	A few times a month	A few times every six month	Once or a few times a year	Never
G158_1	Go to concerts.	1.	2.	3.	4.	5.	6.	7.
G158_2	Play an instrument or in a band.	1.	2.	3.	4.	5.	6.	7.
G158_3	Go to parties with loud music.	1.	2.	3.	4.	5.	6.	7.
G158_4	Work in an environment with loud noises caused by machines or voices.	1.	2.	3.	4.	5.	6.	7.

G159 How often do you use earplugs or hearing protector when you are in a noisy environment?

1. Never
2. Rarely
3. Occasionally
4. Often
5. Always
99. Not answered



G160 Do you suffer from impaired hearing?

- 0. No → G164
- 1. Yes
- 2. Maybe/I suspect it
- 3. Do not know → G164
- 99. Not answered

G161 How old were you when the impaired hearing started? Type in your age.

Dependent on G160

- 0. 0 years
- 1. 1 years
- 2. 2 years
- 3. 3 years
- 4. 4 years
- 5. 5 years
- 6. 6 years
- 7. 7 years
- 8. 8 years
- 9. 9 years
- 10. 10 years
- 11. 11 years
- 12. 12 years
- 13. 13 years
- 14. 14 years
- 15. 15 years
- 16. 16 years
- 17. 17 years
- 18. 18 years
- 19. 19 years
- 20. 20 years
- 21. 21 years
- 99. Not answered
- 100. Not applicable

G162 On which ear(s) is your hearing impaired?

Dependent on G160

- 1. Left ear
- 2. Right ear
- 3. Both ears
- 99. Not answered
- 100. Not applicable



G163 Have you been treated for the hearing impairment?

Dependent on G160

- 0. No → G164
- 1. Yes with hearing aid → G164
- 2. Yes, with other treatment
- 99. Not answered
- 100. Not applicable

G163_A Which treatment? (free text)

Dependent on G160, G163

- 99. Not answered
- 100. Not applicable

Asthma

The next questions concern breathing problems and asthma.

G164 Have you had wheezing or whistling breathing within the past 12 months?

- 0. No → G167
- 1. Yes
- 2. Do not know → G167
- 99. Not answered

Within the past 12 months...

G165_1 Have you had shortness of breath at the same time as wheezing or whistling breathing?

Dependent on G164

- 0. No
- 1. Yes
- 2. Do not know
- 99. Not answered
- 100. Not applicable

G165_2 Did you have wheezing or whistling breathing without having a cold?

Dependent on G164

- 0. No
- 1. Yes
- 2. Do not know
- 99. Not answered
- 100. Not applicable



G166 Have you tried waking up with a feeling of tightness in the chest?

- 0. No
- 1. Yes
- 2. Do not know
- 99. Not answered

G167 Have you been awakened by breathing difficulties?

- 0. No
- 1. Yes
- 2. Do not know
- 99. Not answered

G168 Have you been awakened by a cough attack?

- 0. No
- 1. Yes
- 2. Do not know
- 99. Not answered

G169 Have you ever had asthma?

- 0. No → G174
- 1. Yes
- 2. Do not know → G174
- 99. Not answered

G170 Has a doctor ever told you that you had asthma?

Dependent on G169

- 0. No
- 1. Yes
- 99. Not answered
- 100. Not applicable

G171 How old were you when you had your first asthma attack? Type in your age.

Dependent on G169

- 0. 0 years
- 1. 1 years
- 2. 2 years
- 3. 3 years
- 4. 4 years
- 5. 5 years
- 6. 6 years
- 7. 7 years
- 8. 8 years
- 9. 9 years
- 10. 10 years
- 11. 11 years
- 12. 12 years



- 13. 13 years
- 14. 14 years
- 15. 15 years
- 16. 16 years
- 17. 17 years
- 18. 18 years
- 19. 19 years
- 20. 20 years
- 21. 21 years
- 99. Not answered
- 100. Not applicable

G172 How old were you when you had your latest asthma attack?

Dependent on G169

- 0. 0 years
- 1. 1 years
- 2. 2 years
- 3. 3 years
- 4. 4 years
- 5. 5 years
- 6. 6 years
- 7. 7 years
- 8. 8 years
- 9. 9 years
- 10. 10 years
- 11. 11 years
- 12. 12 years
- 13. 13 years
- 14. 14 years
- 15. 15 years
- 16. 16 years
- 17. 17 years
- 18. 18 years
- 19. 19 years
- 20. 20 years
- 21. 21 years
- 99. Not answered
- 100. Not applicable

G173 Are you currently taken medicine for your asthma (inhalators, spray or pills)?

Dependent on G169

- 0. No
- 1. Yes
- 2. Do not know
- 99. Not answered
- 100. Not applicable



Negative life events

The next questions concern events that might have affected you.

Within the past 12 months, have you experienced any of the following?

	Not answered 99. Not applicable 100. (G180)	No	Yes, but I was not affected	Yes, I was a little bit affected	Yes, I was very affected	Do not know
G174	That your parents have had difficulties paying their bills.	0.	1.	2.	3.	4.
G175	That one of your parents has lost their job.	0.	1.	2.	3.	4.
G176	That one of your parents was drunk or in other ways intoxicated in a way which embarrassed you or made you feel uncomfortable.	0.	1.	2.	3.	4.
G177	That you are/have been seriously ill or in an accident	0.	1.	2.	3.	4.
G178	That someone in your close family is/has been seriously ill, in an accident or has died.	0.	1.	2.	3.	4.
G179	That a friend is/has been seriously ill, in an accident or has died	0.	1.	2.	3.	4.
G180	That your parents have split up. Dependent on G005	0.	1.	2.	3.	4.

Body and body shape

G181 How tall are you? (Please type in your height in cm e.g. 176. You cannot use comma or similar in the field)²

___ cm (150-220 cm)

999. Not answered

G182 When were you measured?

1. Today
 2. Within the last month
 3. Within the last 6 months
 4. 6-12 months ago
 5. More than 12 months ago
99. Not answered

² Continuous variable – be aware of extreme values in dataset.



G183 How much do you weigh? (Please type in your weight in kilos e.g. 73. You cannot use comma or similar in the field)³

___ cm (30-220 kilos)

999. Not answered

G184 When were you weighted?

1. Today
 2. Within the last month
 3. Within the last 6 months
 4. 6-12 months ago
 5. More than 12 months ago
99. Not answered

G185 Have you had your menstrual period within the last 3 months?

Dependent on G_SEX

1. Yes
 2. No, but before that
 3. No, I have never had menstruation
99. Not answered
100. Not applicable

G186 Do you take any types of hormone pills or injections? (e.g., contraceptive pills, mini pills, hormone spiral, birth control implant or likewise)

Dependent on G_SEX

0. No
 1. Yes
99. Not answered
100. Not applicable

Further information

X2_1 Which device did you use to answer the questionnaire?

1. Mobile phone
 2. Tablet
 3. Computer
 4. Other
99. Not answered

³ Continuous variable – be aware of extreme values in dataset.